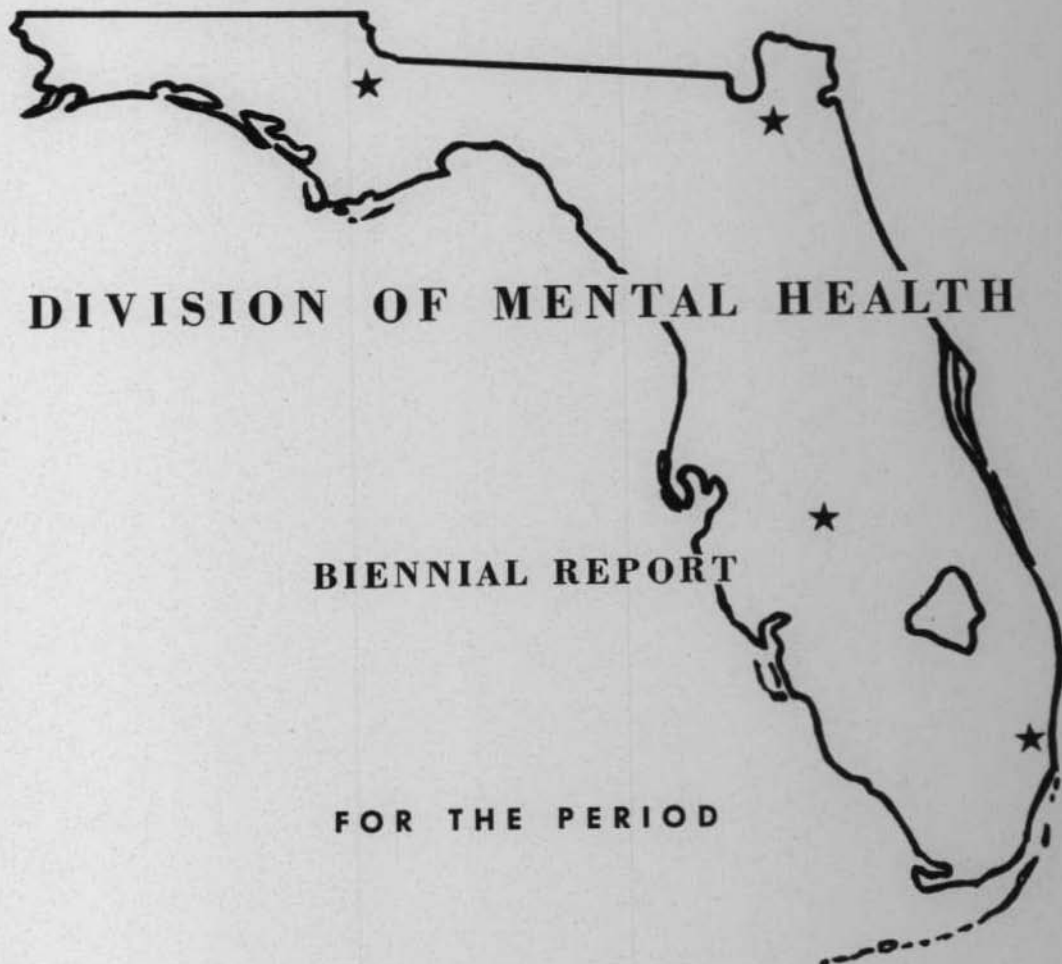


STATE OF FLORIDA



DIVISION OF MENTAL HEALTH

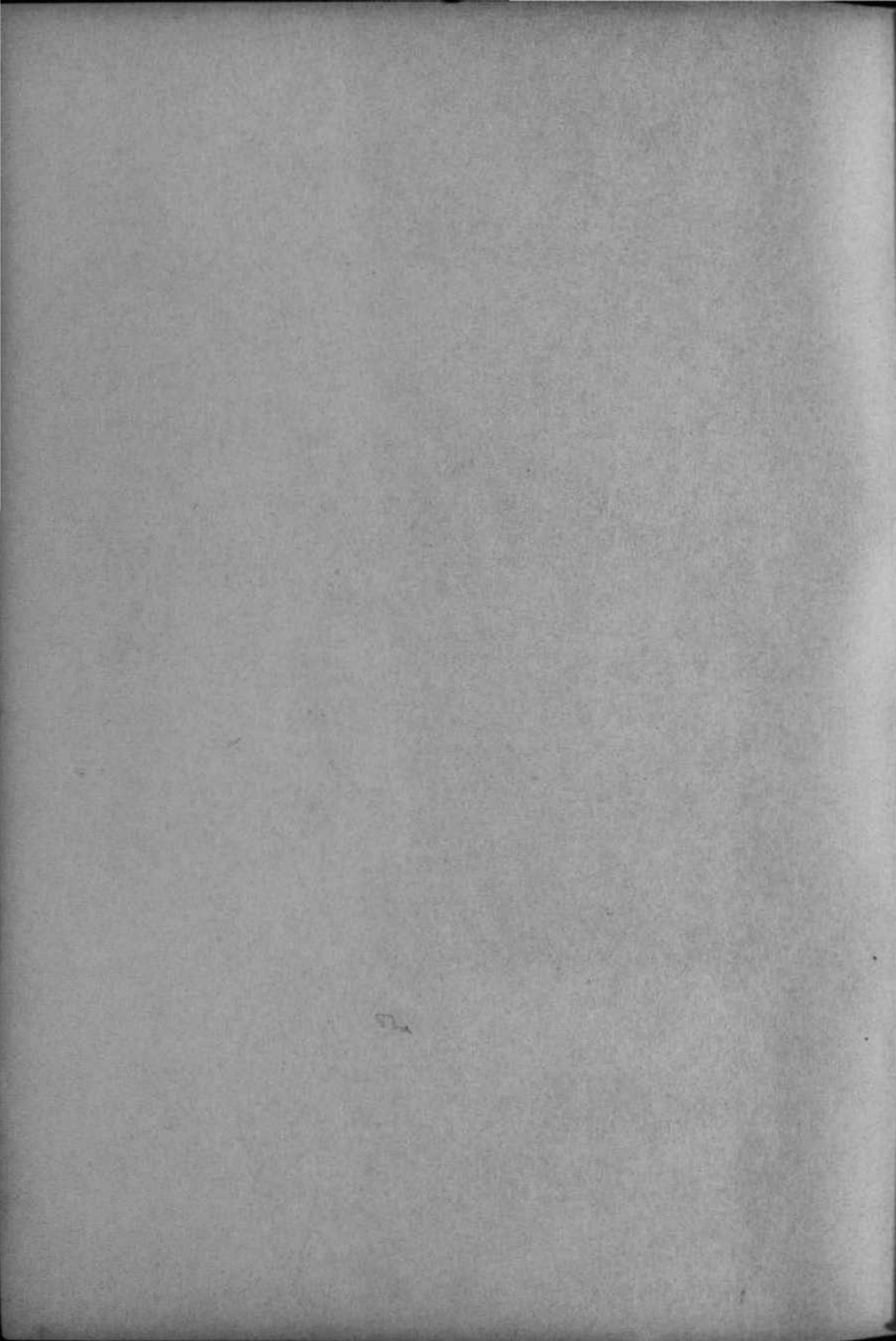
BIENNIAL REPORT

FOR THE PERIOD

JULY 1, 1964 THROUGH JUNE 30, 1966

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**REPORT OF THE DIRECTOR
DIVISION OF MENTAL HEALTH**

Covering Activities of

**FLORIDA STATE HOSPITAL
CHATTAHOOCHEE**

**G. PIERCE WOOD MEMORIAL HOSPITAL
ARCADIA**

**SOUTH FLORIDA STATE HOSPITAL
HOLLYWOOD**

**NORTHEAST FLORIDA STATE HOSPITAL
MACLENNY**

For the period

July 1, 1964 through June 30, 1966



GOVERNING BODY
BOARD OF COMMISSIONERS OF STATE INSTITUTIONS
TALLAHASSEE, FLORIDA

Haydon Burns *Governor*
Tom Adams *Secretary of State*
Earl Faircloth *Attorney General*
Fred O. Dickinson, Jr. *Comptroller*
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Doyle Conner *Commissioner of Agriculture*

Mrs. Lula L. Mullikin *Secretary to the Board*

W. D. Rogers, M.D. *Director*
L. A. Lawrence *Business Manager*

DIVISION OF MENTAL HEALTH
Chattahoochee, Florida



TRANSMITTAL

Board of Commissioners
of State Institutions
The Capitol
Tallahassee, Florida

Gentlemen:

The Biennial Report of the Division of Mental Health for the period July 1, 1964, through June 30, 1966, is transmitted herewith. This report covers the treatment program, statistical data, management and other activities of the four state mental hospitals operating within this Division.

Appreciation is expressed to the Board of Commissioners of State Institutions and the Legislature for their interest, cooperation and assistance toward continued improvement of the mental health program of our State.

Respectfully submitted,

W. D. Rogers, M.D.
Director

DIVISION OF MENTAL HEALTH

The Division of Mental Health, which was authorized by the 1957 Legislature, has the responsibility for the administration of the four state mental hospitals and the community mental health program. The hospitals operating under jurisdiction of the Division of Mental Health are as follows:

	<u>Date Activated</u>
The Florida State Hospital at Chattahoochee	1876
The G. Pierce Wood Memorial Hospital at Arcadia	1947
The South Florida State Hospital at Hollywood	1957
The Northeast Florida State Hospital at Macclenny	1959

Patients are admitted to the hospitals on a voluntary basis or by commitment by the county courts, the circuit courts and the courts of record. They are also admitted on Orders of Certification by the county courts and by return from trial visits. The number of voluntary admissions increased from 338 for the past biennium to 381 for the current biennium. The number of admissions by Order of Certification increased from 679 for the past biennium to 912 for the current biennium.

Although it has been a policy of the Division of Mental Health to release patients on trial visits for many years, there was no statutory authority for such releases until legislation was enacted by the 1965 Legislature. The majority of patients leaving our state hospitals are released on trial visit. This method permits the release under the supervision of a relative who is responsible for the patient during the trial period of readjustment outside the hospital. After the patient remains on trial visit continuously for a period of one year such patient is discharged from the records of the hospital.

The number of admissions and readmissions to the four hospitals continued to increase for the biennium, however, the number of resident patients at the end of the biennium had decreased by 131. A summary of the admissions, separations and resident patient population for all of the hospitals for the past five biennia are shown as follows:

Biennium	Admissions and Readmissions	Separations	Resident Population End of Biennium	Increase in Resident Patients
1956-58	6,892	6,112	8,849	780
1958-60	8,884	8,273	9,460	611
1960-62	11,268	10,922	9,806	346
1962-64	12,473	12,293	9,986	180
1964-66	13,475	13,606	9,855	-131

As in past biennia, the admissions and readmissions with primary diagnoses of schizophrenia continued to represent the largest admission group with 43.8% of the total. The next largest group was that of cerebral arteriosclerosis with 11.7% of the total. There were 330 admissions with diagnoses of mental deficiency. Detailed data on admissions are found in the individual hospital reports.

COMMUNITY MENTAL HEALTH PROGRAM

By authority of Section 965.01(3), Florida Statutes, as amended by the 1965 Legislature, the Division of Mental Health assumed the responsibility for the Community Mental Health programs formerly administered by the State Board of Health.

An office was established at 124 West Pensacola Street in Tallahassee and Dr. R. C. Eaton was appointed Director of the new Department of Community Mental Health on March 1, 1965. At that time the state community mental health program consisted of assistance to 21 mental health clinics, five being child guidance clinics and the remainder multi-purpose; a drug program for indigent patients; and a mental health worker program.

Along with the problems of organizing the new department, the first major task was the implementation of the federal Community Mental Health Centers Act which provided matching funds for the construction of community mental health centers. With the able assistance of Mr. Robert Carter, a State Plan for Construction of Community Mental Health Centers was written in conformance with the federal regulations. This Plan was approved by the federal government in October, 1965, and Florida was one of the first states in the nation to have a Plan approved. By July 1, 1966, Florida had 8 construction projects approved—one in Winter Haven (the first center approved for a general hospital in the nation); a combined project in Daytona Beach; one in Panama City; one in Tampa; one in Pensacola; one in Bradenton; and one in Orlando, amounting to a total of \$4,540,000 for construction.

On January 1, 1966, the fiscal responsibilities for the Community Mental Health programs were transferred from the State Board of Health. This transfer included 13 positions for the administrative staff and 66.10 full time equivalent positions assigned to the 21 outpatient clinics located throughout the state. Plans were formulated for markedly increasing the financial support to the communities for the next fiscal year. Increasing emphasis will be placed on providing a comprehensive Community Mental Health program for all areas of the state so that continuity of care will be provided for all the mentally ill in their own communities. The following data is applicable to services furnished by the outpatient clinics for the six month period:

Carried Over at Beginning of Period	New Admissions During Period	Readmissions During Period	Terminations During Period	Carried Over at End of Period
6,252	4,501	815	4,616	6,952

The transfer of January 1, 1966, included the program of distributing psychiatric drugs to outpatient clinics and Public Health Officers over the state for dispensing to indigent patients released from the state hospitals. In order to place this program under a registered pharmacist, the pharmacy of the Florida State Hospital at Chattahoochee was selected to distribute the drugs. The State Board of Health had restricted these drugs to patients released from the state mental hospitals, but steps were taken to immediately expand the program to include all indigent patients receiving treatment for mental disorders. Plans were made to expand the program in the next biennium.

MOVEMENT OF PATIENT POPULATION BY HOSPITALS
July 1, 1964 through June 30, 1966

	Total	Florida State Hospital	G. Pierce Wood Memorial Hospital	South Florida State Hospital	Northeast Florida State Hospital
ADMISSIONS:					
New Commitments	8,241	2,861	1,548	1,691	2,141
Certifications	912	186	167	370	189
Voluntary Admissions	381	239	34	89	19
Transfers from Other Division Hospitals	29	19	8	0	2
Returned from Trial Visit	3,126	1,103	508	385	1,130
Returned from Escape	512	92	8	94	318
Other Admissions	274	105	13	146	10
TOTAL ADMISSIONS	13,475	4,605	2,286	2,775	3,809
Less Inter-Division Transfers	29				
NET ADMISSIONS	13,446				
SEPARATIONS:					
Released on Trial Visit	6,886	2,618	1,188	883	2,197
Discharges	3,762	1,155	685	1,271	651
Transfers to Other Division Hospitals	29	2	7	11	9
Escaped	895	149	15	125	606
Deceased	1,851	942	407	304	198
Other Separations	183	22	25	134	2
TOTAL SEPARATIONS	13,606	4,888	2,327	2,728	3,663
Less Inter-Division Transfers	29				
NET SEPARATIONS	13,577				
Net Increase or—Decrease in Population	-131	-283	-41	47	146
POPULATION BEGINNING OF PERIOD	9,986	5,929	1,846	1,413	798
POPULATION END OF PERIOD	9,855	5,646	1,805	1,460	944

**DIVISION OF MENTAL HEALTH – ALL HOSPITALS
SUMMARY OF PATIENT STATISTICS BY BIENNIUM
FOR PERIODS AS INDICATED**

Biennium	Population July 1	Admissions	Separations	Net Increase for Biennium	Population June 30
1954-56 . . .	7,718	5,306	4,955	351	8,069
1956-58 . . .	8,069	6,892	6,112	780	8,849
1958-60 . . .	8,849	8,884	8,273	611	9,460
1960-62 . . .	9,460	11,268	10,922	346	9,806
1962-64 . . .	9,806	12,473	12,293	180	9,986
1964-66 . . .	9,986	13,475	13,606	-131	9,855

**AS OF JUNE 30, 1966, THE DIVISION OF MENTAL HEALTH
SHOWED THE FOLLOWING FIGURES**

Institutions	Patients Present	Employees Authorized	Buildings & Structures	Land Acreage
Florida State Hospital—Chattahoochee .	5,646	2,303	194	515
G. Pierce Wood Memorial Hospital— Arcadia	1,805	956	103	2,170
South Florida State Hospital— Hollywood	1,460	980	66	283
Northeast Florida State Hospital— Macclenny	944	786	55	306
TOTALS	9,855	5,025	418	3,274

OPERATING EXPENSES

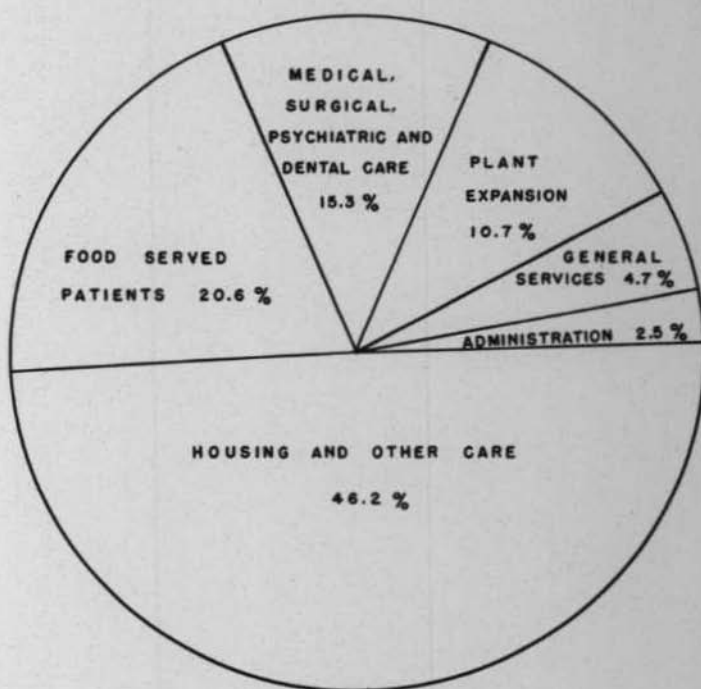
Expended By	TOTAL	First Year of Biennium	Second Year of Biennium
Florida State Hospital—Chattahoochee	\$20,380,515	\$ 9,675,032	\$10,705,483
G. Pierce Wood Memorial Hospital—Arcadia . . .	7,831,764	3,770,050	4,061,714
South Florida State Hospital—Hollywood . . .	7,623,523	3,580,429	4,043,094
Northeast Florida State Hospital—Macclenny . .	5,685,198	2,545,356	3,139,842
Administrative and Community Services	609,077	94,259	(A) 514,818
TOTALS	\$42,130,077	\$19,665,126	\$22,464,951

(A) Community Services Program Transferred from State Board of Health to Division of Mental Health on January 1, 1966; Authorized by 1965 Legislative Session

PER PATIENT PER DAY COSTS

Expended By	Average for Biennium	First Year of Biennium	Second Year of Biennium
Florida State Hospital—Chattahoochee	\$4.829	\$4.524	\$5.143
G. Pierce Wood Memorial Hospital—Arcadia . . .	5.864	5.627	6.104
South Florida State Hospital—Hollywood . . .	7.393	6.960	7.823
Northeast Florida State Hospital—Macclenny . .	9.108	8.492	9.678
Administrative and Community Services . . . . .	.084	.026	.143
Average for Division	\$5.842	\$5.428	\$6.261

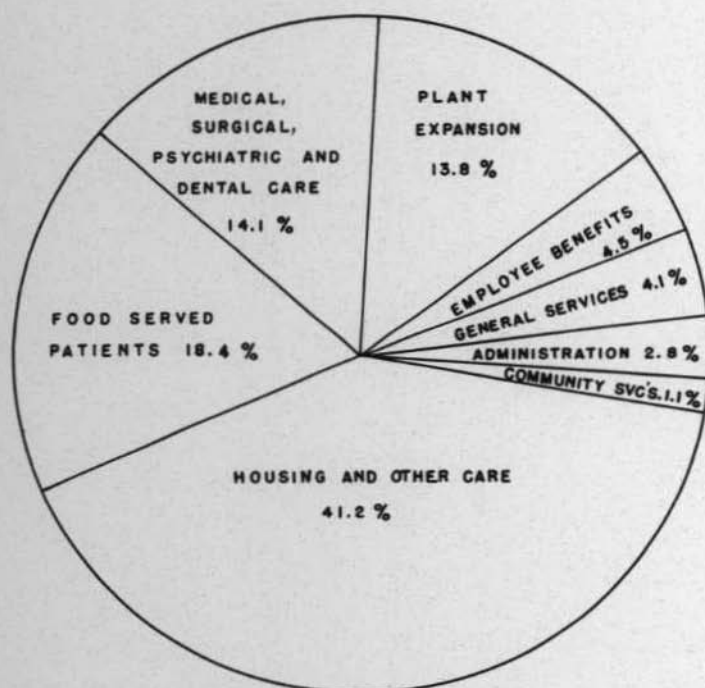
TOTAL EXPENSES AND CAPITAL OUTLAY
FISCAL YEAR ENDED JUNE 30, 1965
Portion of Each Dollar Went
for



EXPENSES AND CAPITAL OUTLAY OF:

Florida State Hospital	\$10,103,135
G. Pierce Wood Memorial Hospital	4,507,935
South Florida State Hospital	4,523,605
Northeast Florida State Hospital	2,788,794
Administrative—Office of Director	99,247
TOTAL	<u>\$22,022,716</u>

TOTAL EXPENSES AND CAPITAL OUTLAY
FISCAL YEAR ENDED JUNE 30, 1966
Portion of Each Dollar Went
for



EXPENSES AND CAPITAL OUTLAY OF:

Florida State Hospital	\$12,379,970
G. Pierce Wood Memorial Hospital.....	4,962,686
South Florida State Hospital	4,997,029
Northeast Florida State Hospital	3,203,650
Administrative—Office of Director and Department of Community Mental Health....	227,510
Community Mental Health Services	297,934
Regional Hospital in Hernando County	902
TOTAL	<u>\$26,069,681</u>

STATEMENT OF CONDITION AS OF JUNE 30, 1966

RESOURCES	TOTAL	Florida State Hospital	G. Pierce Wood Memorial Hospital	South Florida State Hospital	Northeast Florida State Hospital	Regional Hospital in Hernando Co.	Administrative & Community Services
CURRENT FUND							
Cash and Bank	\$ 192,215.94	\$ 80,459.80	\$ 35,669.45	\$ 55,554.16	\$ 20,532.53	\$	\$
Unexpended Funds—							
State Treasurer	9,550.09	1,732.16	.....	6,142.40	.....	.....	1,675.53
Unexpended Appropriations .	1,281,430.24	163,616.90	321,267.32	336,675.80	387,396.91	.....	72,473.31
Accounts Receivable	527,415.56	294,954.17	139,996.21	49,758.40	42,706.78	.....	.....
Inventories of Supplies	1,800,047.34	1,023,705.31	299,913.13	266,572.44	184,901.75	.....	24,954.71
Ward Inventories in Use	483,064.10	289,754.54	93,424.41	55,067.70	44,817.45	.....	.....
Deferred Charges	30,001.17	14,152.19	3,053.10	6,466.22	6,329.66	.....	.....
Deposits on Containers	96.00	.....	96.00	.....	.....	.....	.....
TOTAL CURRENT FUND	\$ 4,323,820.44	\$ 1,868,375.07	\$ 893,419.62	\$ 776,237.12	\$ 686,685.08	\$	\$ 99,103.55
PLANT FUND							
Unexpended Appropriations .	\$11,552,629.26	\$ 2,090,893.09	\$ 2,807,290.46	\$ 1,246,972.64	\$ 2,906,435.86	\$ 2,499,098.00	\$ 1,939.21
Projects in Progress	4,822,295.46	1,691,119.67	1,320,877.34	1,806,127.70	3,268.75	902.00	.....
Investment in Plant Facilities	51,023,794.87	20,574,716.08	7,336,724.55	10,541,446.63	12,532,972.14	.....	37,935.47
TOTAL PLANT FUND .	\$67,398,719.59	\$24,356,728.84	\$11,464,892.35	\$13,594,546.97	\$15,442,676.75	\$ 2,500,000.00	\$ 39,874.68
CUSTODIAL FUNDS	\$ 688,862.59	\$ 345,922.74	\$ 158,315.71	\$ 136,513.04	\$ 48,111.10	\$	\$
AUXILIARY FUNDS	\$ 213,486.36	\$ 120,795.25	\$ 19,117.42	\$ 39,724.20	\$ 33,849.49	\$	\$
TOTAL RESOURCES . .	\$72,624,888.98	\$26,691,821.90	\$12,535,745.10	\$14,547,021.33	\$16,211,322.42	\$ 2,500,000.00	\$ 138,978.23

STATEMENT OF CONDITION AS OF JUNE 30, 1966 (Continued)

LIABILITIES, RESERVES AND BALANCES	TOTAL	Florida State Hospital	G. Pierce Wood Memorial Hospital	South Florida State Hospital	Northeast Florida State Hospital	Regional Hospital in Hernando Co.	Administrative & Community Services
CURRENT FUND							
Accounts Payable	\$ 146,551.47	\$ 45,047.47	\$ 55,474.34	\$ 15,890.86	\$ 26,815.45	\$	\$ 3,323.35
Salary Payable	459.98	.....	226.01	233.97	.....	.....	.....
Prepaid Pay Patient Fees . . .	17,179.55	5,395.41	5,269.47	4,975.57	1,539.10	.....	.....
Reserve for General							
Revenue Remittals	497,862.77	209,721.01	173,761.66	54,476.19	59,903.91	.....	.....
Appropriation Balances . . .	1,281,430.24	163,616.90	321,267.32	336,675.80	387,396.91	.....	72,473.31
Reserve for Inventories	507,995.76	289,754.54	93,424.41	55,067.70	44,817.45	.....	24,931.66
Unrestricted Current							
Balances	1,853,790.58	1,148,107.58	241,996.41	301,774.63	165,212.26	.....	-3,300.30
Fund Balances—State							
Treasurer	9,550.09	1,732.16	.....	6,142.40	.....	.....	1,675.53
Petty Cash Fund Balances . .	9,000.00	5,000.00	2,000.00	1,000.00	1,000.00	.....	.....
TOTAL CURRENT FUND	\$ 4,323,820.44	\$ 1,868,375.07	\$ 893,419.62	\$ 776,237.12	\$ 686,685.08	\$	\$ 99,103.55
PLANT FUND							
Accounts Payable	\$ 273,940.86	\$ 231,386.45	\$ 11,096.07	\$ 28,429.14	\$ 3,039.20	\$	\$
Appropriations and Balances .	11,552,629.26	2,090,893.09	2,807,290.46	1,246,972.64	2,906,435.86	2,499,098.00	1,939.21
Investment in Plant Fund . .	55,572,149.47	22,034,459.30	8,646,505.82	12,319,145.19	12,533,201.69	902.00	37,935.47
TOTAL PLANT FUND .	\$67,398,719.59	\$24,356,728.84	\$11,464,892.35	\$13,594,546.97	\$15,442,676.75	\$ 2,500,000.00	\$ 39,874.68
CUSTODIAL FUND	\$ 688,862.59	\$ 345,922.74	\$ 158,315.71	\$ 136,513.04	\$ 48,111.10	\$	\$
AUXILIARY FUND	\$ 213,486.36	\$ 120,795.25	\$ 19,117.42	\$ 39,724.20	\$ 33,849.49	\$	\$
TOTAL LIABILITIES, RESERVES AND BALANCES	\$72,624,888.98	\$26,691,821.90	\$12,535,745.10	\$14,547,021.33	\$16,211,322.42	\$ 2,500,000.00	\$ 138,978.23

SUMMARY OF OPERATIONS JULY 1, 1964 - JUNE 30, 1965

BALANCE BROUGHT FORWARD JULY 1, 1964	TOTAL	Florida State Hospital	G. Pierce Wood Memorial Hospital	South Florida State Hospital	Northeast Florida State Hospital	Office of Director
CURRENT RESOURCES:						
Cash and Bank	\$ 187,559.18	\$ 90,929.24	\$ 34,222.62	\$ 49,150.64	\$ 13,256.68	\$
Accounts Receivable	344,170.87	86,552.29	208,667.74	33,693.41	15,257.43	. . . . .
State Treasurer	26,620.82	17,980.62	7,000.00	1,640.20	. . . . .	. . . . .
Inventories	1,622,516.97	943,116.37	255,536.28	266,161.93	157,702.39	. . . . .
Deposits on Containers	96.00	. . . . .	96.00	. . . . .	. . . . .	. . . . .
Unexpended Appropriations	8,006,366.12	3,640,126.08	1,803,462.91	1,834,661.57	702,476.66	25,638.90
Deferred Charges	25,512.28	13,280.35	3,541.47	4,505.99	4,084.60	99.87
TOTAL CURRENT RESOURCES .	\$10,212,842.24	\$ 4,791,984.95	\$ 2,312,527.02	\$ 2,189,813.74	\$ 892,777.76	\$ 25,738.77
LESS: CURRENT LIABILITIES:						
Accounts Payable	\$ 296,003.03	\$ 78,562.58	\$ 32,457.84	\$ 5,185.59	\$ 179,494.44	\$ 302.58
Prepaid Pay Patient Fees	17,470.16	4,285.49	5,785.41	5,263.00	2,136.26	. . . . .
Reserve for Sales Tax Remittals	471.96	274.66	84.05	71.05	42.20	. . . . .
Prepaid Rent	360.00	. . . . .	. . . . .	360.00	. . . . .	. . . . .
TOTAL CURRENT LIABILITIES .	\$ 314,305.15	\$ 83,122.73	\$ 38,327.30	\$ 10,879.64	\$ 181,672.90	\$ 302.58
NET CURRENT RESOURCES JULY 1, 1964	\$ 9,898,537.09	\$ 4,708,862.22	\$ 2,274,199.72	\$ 2,178,934.10	\$ 711,104.86	\$ 25,436.19
ADDITIONS:						
APPROPRIATIONS, REVENUES AND OTHER ADDITIONS						
Appropriations:						
Operating	\$21,109,189.00	\$10,282,950.00	\$ 4,110,000.00	\$ 3,715,604.00	\$ 2,883,680.00	\$ 116,955.00
Refund-Overpayment of Taxes	14,411.80	3,199.45	2,846.68	4,269.71	4,095.96	. . . . .
Salary Appropriation . . . . .	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .
Adjustment	280.48	. . . . .	. . . . .	280.48	. . . . .	. . . . .
Revenues:						
Paying Patients Income	1,454,480.08	603,675.67	301,921.40	404,960.88	143,922.13	. . . . .
Interest Income	18,876.32	9,475.00	4,375.00	4,368.32	658.00	. . . . .
Discounts	16,987.25	6,963.67	3,200.83	3,623.98	3,198.77	. . . . .
Miscellaneous Income	6,108.14	5,285.35	30.98	392.97	398.84	. . . . .
Transfers Between Hospitals	58.95	. . . . .	. . . . .	. . . . .	58.95	. . . . .
Donations:						
Government Surplus . . . . .	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .
Commodities	125,730.11	94,644.31	13,254.35	10,287.08	7,544.37	. . . . .
Other Donations	3,356.31	197.15	349.00	2,235.04	575.12	. . . . .

SUMMARY OF OPERATIONS JULY 1, 1964 - JUNE 30, 1965 (Continued)

BALANCE BROUGHT FORWARD JULY 1, 1964	TOTAL	Florida State Hospital	G. Pierce Wood Memorial Hospital	South Florida State Hospital	Northeast Florida State Hospital	Office of Director
APPROPRIATIONS, REVENUES AND OTHER ADDITIONS (cont'd.)						
Auxiliary Fund:						
Canteen Fund	\$ 40,789.61	\$ 16,976.51	\$ 4,757.80	\$ 9,584.50	\$ 9,470.80	\$
Grants & Donations Trust Fund						
Income	1,023.95	.....	.....	1,023.95	.....	.....
Fire Loss Recovery	302.20	.....	.....	.....	302.20	.....
Services to Employees	7,711.69	7,711.69	.....	.....	.....	.....
Pay Patients Income—Prior Years .	107,127.71	59,058.63	9,940.40	38,128.68	.....	.....
Other Additions	24,316.42	8,747.82	13,415.95	483.25	1,669.40	.....
TOTAL ADDITIONS	\$22,930,750.02	\$11,098,885.25	\$ 4,464,092.39	\$ 4,195,242.84	\$ 3,055,574.54	\$ 116,955.00
TOTAL AVAILABLE	\$32,829,287.11	\$15,807,747.47	\$ 6,738,292.11	\$ 6,374,176.94	\$ 3,766,679.40	\$ 142,391.19
EXPENDITURES AND DEDUCTIONS						
Operating Expenses:						
Dietary Services to Patients	\$ 4,547,231.44	\$ 2,407,948.36	\$ 772,693.46	\$ 821,979.50	\$ 544,610.12	\$
General Administration	550,572.65	159,587.45	103,824.88	105,738.73	87,163.01	94,258.58
Medical, Surgical, Psychiatric, Dental & Other Professional Care.	3,357,218.59	1,356,738.10	546,051.20	825,602.33	628,826.96	.....
General Services and Expenses . . .	1,030,317.19	380,230.49	269,173.14	214,697.47	166,216.09	.....
Housing and Other Care of Patients	10,179,785.95	5,370,527.61	2,078,307.47	1,612,410.51	1,118,540.36	.....
Total Operating Expenses	\$19,665,125.82	\$ 9,675,032.01	\$ 3,770,050.15	\$ 3,580,428.54	\$ 2,545,356.54	\$ 94,258.58
Plant Expansion	2,357,590.52	428,102.69	737,885.22	943,176.91	243,437.70	4,988.00
Remittals to General Revenue	1,839,561.90	859,189.72	345,972.26	480,711.93	153,687.99	.....
Appropriations Reverted	1,929,077.20	581,592.27	552,307.51	192,588.33	559,509.36	43,079.73
Ward Inventory Increase	19,799.19	.....	13,179.04	4,487.05	2,133.10	.....
Rentals	-2,019.14	.....	.....	-2,644.00	624.86	.....
Accounts Receivable Closed	2,112.01	119.80	1,992.21	.....	.....	.....
Pay Patients Income Prior Years . . .	8,755.01	3,615.85	.....	5,139.16	.....	.....
Fire Loss	302.20	.....	.....	.....	302.20	.....
Other Expenditures and Deductions	19,404.11	3,208.88	10,281.73	5,149.74	763.76	.....
TOTAL EXPENDITURES AND DEDUCTIONS	\$25,839,708.82	\$11,550,861.22	\$ 5,431,668.12	\$ 5,209,037.66	\$ 3,505,815.51	\$ 142,326.31
NET CURRENT RESOURCES, JUNE 30, 1965	\$ 6,989,578.29	\$ 4,256,886.25	\$ 1,306,623.99	\$ 1,165,139.28	\$ 260,863.89	\$ 64.88

SUMMARY OF OPERATIONS JULY 1, 1965 - JUNE 30, 1966

BALANCE BROUGHT FORWARD JULY 1, 1965	TOTAL	Florida State Hospital	G. Pierce Wood Memorial Hospital	South Florida State Hospital	Northeast Florida State Hospital	Regional Hospital in Hernando Co.	Administrative & Community Services
CURRENT RESOURCES:							
Cash and Bank	\$ 116,121.63	\$ 57,812.24	\$ 22,044.48	\$ 21,628.80	\$ 14,636.11	\$	\$
Accounts Receivable	271,240.59	105,274.43	111,394.11	33,954.28	20,617.77	. . . . .	. . . . .
State Treasurer	18,358.03	17,980.62	. . . . .	377.41	. . . . .	. . . . .	. . . . .
Inventories	1,740,341.43	1,050,467.41	260,783.44	246,840.36	182,250.22	. . . . .	. . . . .
Deposits on Containers	96.00	. . . . .	96.00	. . . . .	. . . . .	. . . . .	. . . . .
Unexpended Appropriations . .	4,914,619.62	3,045,758.49	938,584.03	869,646.93	59,107.00	. . . . .	1,523.17
Deferred Charges	11,485.83	6,700.99	1,085.11	2,473.53	1,137.32	. . . . .	88.88
TOTAL CURRENT RESOURCES	\$ 7,072,263.13	\$ 4,283,994.18	\$ 1,333,987.17	\$ 1,174,921.31	\$ 277,748.42	\$	\$ 1,612.05
LESS: CURRENT LIABILITIES:							
Accounts Payable	\$ 61,704.23	\$ 19,449.43	\$ 19,420.14	\$ 6,401.14	\$ 14,886.35	\$	\$ 1,547.17
Prepaid Pay Patient Fees	20,180.61	7,354.24	7,853.62	3,017.71	1,955.04	. . . . .	. . . . .
Reserve for Sales Tax Remittals .	500.00	304.26	89.42	63.18	43.14	. . . . .	. . . . .
Prepaid Rent	300.00	. . . . .	. . . . .	300.00	. . . . .	. . . . .	. . . . .
TOTAL CURRENT LIABILITIES	\$ 82,684.84	\$ 27,107.93	\$ 27,363.18	\$ 9,782.03	\$ 16,884.53	\$	\$ 1,547.17
NET CURRENT RESOURCES JULY 1, 1965	\$ 6,989,578.29	\$ 4,256,886.25	\$ 1,306,623.99	\$ 1,165,139.28	\$ 260,863.89	\$	\$ 64.88
ADDITIONS:							
Operating Appropriations . .	\$32,216,633.00	\$10,887,607.00	\$ 6,946,254.00	\$ 5,460,811.00	\$ 6,260,206.00	\$ 2,500,000.00	\$ 161,755.00
Salary Appropriation . . . . .	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .
Adjustment	-1,466.82	. . . . .	. . . . .	-1,466.82	. . . . .	. . . . .	. . . . .
Refund-Overpayment of . . . . .	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .
Taxes	12,055.06	3,552.43	4,054.63	2,201.18	2,246.82	. . . . .	. . . . .
Intangible Tax Trust Fund . .	1,183,920.04	564,145.74	221,967.45	222,392.92	175,413.93	. . . . .	. . . . .
Revenues:							
Paying Patients Income	1,935,624.49	830,404.29	399,556.00	504,100.68	201,563.52	. . . . .	. . . . .
Interest Income	20,084.09	9,475.00	4,812.50	4,670.99	1,125.60	. . . . .	. . . . .
Discounts	16,798.72	6,487.75	2,786.82	4,227.09	3,297.06	. . . . .	. . . . .
Miscellaneous Income	15,868.66	14,816.85	34.03	405.76	612.02	. . . . .	. . . . .
Transfers-Division of Mental Health . . . . .	. . . . .	-22,269.00	-15,000.00	-10,000.00	-10,000.00	. . . . .	57,269.00
Appropriations-Transferred from State Board of Health . .	293,498.00	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .	293,498.00
Donations:							
Government Surplus . . . . .	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .
Commodities	100,256.03	79,807.14	7,337.26	6,513.00	6,598.63	. . . . .	. . . . .
Other Donations	4,039.76	100.00	1,502.50	2,365.20	72.06	. . . . .	. . . . .

SUMMARY OF OPERATIONS JULY 1, 1965 – JUNE 30, 1966 (Continued)

BALANCE BROUGHT FORWARD JULY 1, 1965	TOTAL	Florida State Hospital	G. Pierce Wood Memorial Hospital	South Florida State Hospital	Northeast Florida State Hospital	Regional Hospital in Hernando Co.	Administrative & Community Services
ADDITIONS (Continued)							
Grants and Donations Trust Fund Income	\$ 89,917.00	\$	\$	\$ 13,273.00	\$	\$	\$ 76,644.00
Transferred from State Board of Health to Grants and Donations Trust Fund	25,422.03	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .	25,422.03
Auxiliary Fund:							
Canteen Fund	50,397.06	16,579.73	3,669.74	18,668.65	11,478.94	. . . . .	. . . . .
Transfer to Division of Com- munity Hospitals and Med- ical Facilities	-4,822.00	. . . . .	-4,822.00	. . . . .	. . . . .	. . . . .	. . . . .
Services to Employees	19,072.02	19,072.02	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .
Pay Patients Income—Prior Years	123,982.12	63,141.87	15,196.38	45,643.87	. . . . .	. . . . .	. . . . .
Other Additions	5,635.08	3,976.03	1,429.61	165.77	63.67	. . . . .	. . . . .
Drugs Transferred from State Board of Health	8,510.11	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .	8,510.11
TOTAL ADDITIONS	\$36,115,424.45	\$12,476,896.85	\$ 7,588,778.92	\$ 6,273,972.29	\$ 6,652,678.25	\$ 2,500,000.00	\$ 623,098.14
TOTAL AVAILABLE	\$43,105,002.74	\$16,733,783.10	\$ 8,895,402.91	\$ 7,439,111.57	\$ 6,913,542.14	\$ 2,500,000.00	\$ 623,163.02
EXPENDITURES AND DEDUCTIONS							
Operating Expenses:							
Dietary Services to Patients	\$ 4,799,434.55	\$ 2,497,863.08	\$ 837,915.43	\$ 856,519.98	\$ 607,136.06	\$	\$
General Administration. . .	718,409.04	176,338.29	112,130.92	120,812.67	92,243.02	. . . . .	216,884.14
Medical, Surgical, Psychiatric, Dental and Other Professional Care . .	3,663,191.10	1,448,549.76	559,997.93	869,652.07	784,991.34	. . . . .	. . . . .
General Services and Expenses	1,068,201.54	377,294.76	272,186.80	230,358.22	188,361.76	. . . . .	. . . . .
Housing and Other Care of Patients	10,733,861.24	5,641,291.77	2,057,515.54	1,743,358.48	1,291,695.45	. . . . .	. . . . .
Employee's Benefits	1,183,920.04	564,145.74	221,967.45	222,392.92	175,413.93	. . . . .	. . . . .
Community Mental Health Services	297,933.68	. . . . .	. . . . .	. . . . .	. . . . .	. . . . .	297,933.68
Total Operating Expenses .	\$22,464,951.19	\$10,705,483.40	\$ 4,061,714.07	\$ 4,043,094.34	\$ 3,139,841.56	\$	\$ 514,817.82
Plant Expansion	3,604,729.74	1,674,486.26	900,971.78	953,935.12	63,808.79	902.00	10,625.79
Remittals to General Revenue	2,063,720.38	956,344.18	397,673.45	520,841.57	188,861.18	. . . . .	. . . . .
Appropriations Reverted . .	72.08	. . . . .	20.60	42.49	8.99	. . . . .	. . . . .
Ward Inventory Increase . . .	6,401.56	6,716.95	-5,756.04	. . . . .	5,440.65	. . . . .	. . . . .
Rentals	-4,016.60	. . . . .	. . . . .	-2,687.83	-1,328.77	. . . . .	. . . . .

SUMMARY OF OPERATIONS JULY 1, 1965 - JUNE 30, 1966 (Continued)

BALANCE BROUGHT FORWARD JULY 1, 1965	TOTAL	Florida State Hospital	G. Pierce Wood Memorial Hospital	South Florida State Hospital	Northeast Florida State Hospital	Regional Hospital in Hernando Co.	Administrative & Community Services
EXPENDITURES & DEDUCTIONS (Continued)							
Accounts Receivable Closed	\$ 4,139.37	\$ 3,044.01	\$ 1,095.36	\$.....	\$.....	\$.....	\$.....
Pay Patients Income Prior Years	350.24	.....	.....	350.24	.....	.....	.....
Hurricane Damage	5,039.15	.....	.....	5,039.15	.....	.....	.....
Other Expenditures and Deductions	4,361.89	14.01	4,463.91	-116.03	.....	.....	.....
Total Expenditures and Deductions	\$28,149,749.00	\$13,346,088.81	\$ 5,360,183.13	\$ 5,520,499.05	\$ 3,396,632.40	\$ 902.00	\$ 525,443.61
NET CURRENT RESOURCES JUNE 30, 1966	\$14,955,253.74	\$ 3,387,694.29	\$ 3,535,219.78	\$ 1,918,612.52	\$ 3,516,909.74	\$ 2,499,098.00	\$ 97,719.41
RECONCILIATION							
CURRENT RESOURCES:							
Cash and Bank	\$ 192,215.94	\$ 80,459.80	\$ 35,669.45	\$ 55,554.16	\$ 20,532.53	\$.....	\$.....
Accounts Receivable	527,415.56	294,954.17	139,996.21	49,758.40	42,706.78	.....	.....
State Treasurer	9,550.09	1,732.16	.....	6,142.40	.....	.....	1,675.53
Inventories	1,800,047.34	1,023,705.31	299,913.13	266,572.44	184,901.75	.....	24,954.71
Deposits on Containers	96.00	.....	96.00	.....	.....	.....	.....
Unexpended Appropriations	12,834,059.50	2,254,509.99	3,128,557.78	1,583,648.44	3,293,832.77	2,499,098.00	74,412.52
Deferred Charges	30,001.17	14,152.19	3,053.10	6,466.22	6,329.66	.....	.....
TOTAL CURRENT RESOURCES	\$15,393,385.60	\$ 3,669,513.62	\$ 3,607,285.67	\$ 1,968,142.06	\$ 3,548,303.49	\$ 2,499,098.00	\$ 101,042.76
LESS: CURRENT LIABILITIES:							
Accounts Payable	\$ 419,689.22	\$ 276,146.50	\$ 66,476.17	\$ 43,942.04	\$ 29,801.16	\$.....	\$ 3,323.35
Salary Payable	459.98	.....	226.01	233.97	.....	.....	.....
Prepaid Pay Patient Fees	17,179.55	5,395.41	5,269.47	4,975.57	1,539.10	.....	.....
Reserve for Sales Tax . . . . .	.....	.....	.....	.....	.....	.....	.....
Remittals	503.11	277.42	94.24	77.96	53.49	.....	.....
Prepaid Rent	300.00	.....	.....	300.00	.....	.....	.....
TOTAL CURRENT LIABILITIES	\$ 438,131.86	\$ 281,819.33	\$ 72,065.89	\$ 49,529.54	\$ 31,393.75	\$.....	\$ 3,323.35
NET CURRENT RESOURCES JUNE 30, 1966	\$14,955,253.74	\$ 3,387,694.29	\$ 3,535,219.78	\$ 1,918,612.52	\$ 3,516,909.74	\$ 2,499,098.00	\$ 97,719.41

APPROPRIATIONS – COMBINED STATEMENT
FISCAL YEAR ENDED JUNE 30, 1965

	TOTAL	Florida State Hospital	G. Pierce Wood Memorial Hospital	South Florida State Hospital	Northeast Florida State Hospital	Office of Director
SALARIES	\$15,460,845	\$ 7,339,250	\$ 3,019,000	\$ 2,818,880	\$ 2,191,200	\$ 92,515
OTHER PERSONAL SERVICES . . .	78,250	2,500	13,000	42,000	20,750	.....
EXPENSES	2,732,290	1,330,700	542,000	425,000	411,400	23,190
FOOD PRODUCTS	2,622,030	1,500,500	481,000	385,060	255,470	.....
OPERATING CAPITAL OUTLAY . .	215,774	110,000	55,000	44,664	4,860	1,250
TOTAL OPERATING APPROPRIATIONS	\$21,109,189	\$10,282,950	\$ 4,110,000	\$ 3,715,604	\$ 2,883,680	\$ 116,955
CAPITAL OUTLAY	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....
TOTAL APPROPRIATIONS.	\$21,109,189	\$10,282,950	\$ 4,110,000	\$ 3,715,604	\$ 2,883,680	\$ 116,955

APPROPRIATIONS — COMBINED STATEMENT
FISCAL YEAR ENDED JUNE 30, 1966

	TOTAL	Florida State Hospital	G. Pierce Wood Memorial Hospital	South Florida State Hospital	Northeast Florida State Hospital	Regional Hospital in Hernando Co.	Adminis. & Community Services
SALARIES	\$16,856,681	\$ 7,730,240	\$ 3,190,070	\$ 3,216,011	\$ 2,599,810	\$	\$ 120,550
OTHER PERSONAL SERVICES . . .	100,500	20,500	13,000	58,500	8,500	. . . . .	. . . . .
EXPENSES	2,786,797	1,300,733	498,374	493,120	457,330	. . . . .	37,240
FOOD PRODUCTS	2,579,479	1,427,634	473,450	403,250	275,145	. . . . .	. . . . .
OPERATING CAPITAL OUTLAY . .	280,826	151,600	40,360	70,430	14,471	. . . . .	3,965
TOTAL OPERATING APPROPRIATIONS	\$22,604,283	\$10,630,707	\$ 4,215,254	\$ 4,241,311	\$ 3,355,256	\$	\$ 161,755
CAPITAL OUTLAY	\$ 9,612,350	\$ 256,900	\$ 2,731,000	\$ 1,219,500	\$ 2,904,950	\$ 2,500,000	\$
TOTAL APPROPRIATIONS	\$32,216,633	\$10,887,607	\$ 6,946,254	\$ 5,460,811	\$ 6,260,206	\$ 2,500,000	\$ 161,755

**COMPARATIVE MAINTENANCE STATEMENT — STATE HOSPITALS
FOR YEARS AS INDICATED**

	TOTAL	
	Total Cost	Per Diem
FISCAL YEAR ENDED JUNE 30, 1965		
Average Number of Patients	9,926	
Dietary Services to Patients	\$ 4,547,231	\$1.2551
Administration	456,314	.1260
Medical, Surgical, Psychiatric, Dental and Other Professional Care	3,357,219	.9267
General Services and Expenses	1,030,317	.2844
Housing and Other Care	10,179,786	2.8099
TOTAL OPERATING EXPENSES	\$19,570,867	\$5.4021
FISCAL YEAR ENDED JUNE 30, 1965		
Average Number of Patients	9,831	
Dietary Services to Patients	\$ 4,799,435	\$1.3375
Administration	501,525	.1398
Medical, Surgical, Psychiatric, Dental and Other Professional Care	3,663,191	1.0209
General Services and Expenses	1,068,201	.2977
Housing and Other Care	10,733,861	2.9914
Employees Benefits	1,183,920	.3299
TOTAL OPERATING EXPENSES	\$21,950,133	\$6.1172

**COMPARATIVE MAINTENANCE STATEMENT – STATE HOSPITALS
FOR YEARS AS INDICATED**

FLORIDA STATE HOSPITAL		G. PIERCE WOOD MEMORIAL HOSPITAL		SOUTH FLORIDA STATE HOSPITAL		NORTHEAST FLORIDA STATE HOSPITAL	
Total Cost	Per Diem	Total Cost	Per Diem	Total Cost	Per Diem	Total Cost	Per Diem
5,859		1,836		1,410		821	
\$ 2,407,948	\$1.1260	\$ 772,693	\$1.1531	\$ 821,980	\$1.5979	\$ 544,610	\$1.8169
159,587	.0746	103,825	.1550	105,739	.2055	87,163	.2908
1,356,738	.6344	546,051	.8149	825,603	1.6049	628,827	2.0978
380,231	.1778	269,173	.4017	214,697	.4174	166,216	.5545
5,370,528	2.5112	2,078,308	3.1016	1,612,410	3.1344	1,118,540	3.7315
<u>\$ 9,675,032</u>	<u>\$4.5240</u>	<u>\$ 3,770,050</u>	<u>\$5.6263</u>	<u>\$ 3,580,429</u>	<u>\$6.9601</u>	<u>\$ 2,545,356</u>	<u>\$8.4915</u>
5,703		1,823		1,416		889	
\$ 2,497,863	\$1.2000	\$ 837,916	\$1.2591	\$ 856,520	\$1.6573	\$ 607,136	\$1.8714
176,338	.0847	112,131	.1685	120,813	.2338	92,243	.2843
1,448,550	.6959	559,998	.8415	869,652	1.6827	784,991	2.4197
377,294	.1813	272,187	.4090	230,358	.4457	188,362	.5806
5,641,292	2.7101	2,057,515	3.0918	1,743,358	3.3733	1,291,696	3.9815
564,146	.2710	221,967	.3336	222,393	.4303	175,414	.5407
<u>\$10,705,483</u>	<u>\$5.1430</u>	<u>\$ 4,061,714</u>	<u>\$6.1035</u>	<u>\$ 4,043,094</u>	<u>\$7.8231</u>	<u>\$ 3,139,842</u>	<u>\$9.6782</u>



FLORIDA STATE HOSPITAL
CHATTAHOOCHEE

J. B. O'Connor, M.D.
Superintendent

DEPARTMENT HEADS AND MEDICAL STAFF

J. B. O'Connor, M.D.	Superintendent
William D. Myers	Assistant Superintendent Administrative
C. A. Rich, M.D.	Clinical Director
T. Alatur, M.D.**	Psychiatrist
J. P. Berna, M.D.**	Psychiatrist
E. G. Chacon, M.D.	Psychiatrist
I. T. Clark, M.D.	Psychiatrist
G. J. Dunin-Wilczynski, M.D.	Psychiatrist
I. H. Erdag, M.D.**	Psychiatrist
A. Fernandez-Conde, M.D.	Psychiatrist
J. Gumanis, M.D.	Psychiatrist
I. Hanenson, M.D.	Psychiatrist
L. A. Irurita, M.D.**	Psychiatrist
A. A. Perez, M.D.	Psychiatrist
S. E. Ponsdomenech, M.D.	Psychiatrist
J. S. Rodriguez, M.D.	Psychiatrist
M. C. Sexton, M.D.	Psychiatrist
F. Salman, M.D.**	Psychiatrist
A. A. Sanguinetti, M.D.	Psychiatrist
F. G. Walls, M.D.	Psychiatrist
E. Arciniegas, M.D.**	Physician
G. B. Fiore, M.D.	Physician
W. B. Gallagher, Jr., M.D.**	Physician
P. Lopez, M.D.	Physician
P. A. Machado, M.D.	Physician
E. E. Puig, M.D.	Physician
E. A. Taysi, M.D.**	Physician
G. A. Duff, M.D.	Physician—Anesthesiologist
P. I. McShane, M.D.**	Personnel Physician
E. C. Love, Jr., M.D.***	Radiologist
J. E. Saul, M.D.	Pathologist
F. G. Gomez—Inganzo, M.D.	Surgeon
E. A. Keitzer, M.D.**	Surgeon
Luta I. Bowen, R.N.	Anesthetist
Paul J. Uhrig, D.D.S.	Chief Dentist and Director of Institutional Dental Services

N. J. Heckert, D.D.S.	Assistant Chief Dentist
T. J. Hicks, Jr.	Pharmacist
Audrey S. Hudgens, R.N.*	Director of Nursing
Joan M. Holloway, R.N.	Director of Nursing
Roslyn E. Neely, R.N.	Assistant Director of Nursing
Barbara J. Toole, R.N.	Director of Nursing Education
J. C. Davis	Director of Psychology
Ronald O. Pickens	Director of Social Service
Mary C. Harvard	Director of Occupational Therapy
B. J. Dudley	Chief Medical Technologist
Geraldine McAlpin	Chief X-Ray Technician
Lena H. Carmichael, R.N.	Supervisor of Receiving and Intensive Treatment
Mary L. Joyner, R.N.	Supervisor of Amos Infirmary
Claudine D. Williams, R.N.	Supervisor of Park Trammell Building
J. B. Locklin	Supervisor of Men's Department, A
Betty L. Bradley, R.N.	Supervisor of Women's Department, B
W. P. Dolan	Supervisor of Men's Department, C
Chleo Sanders*	Supervisor of Women's Department, D
Zola Mae Elder, R.N.	Supervisor of Women's Department, D
Mary A. Pond	Dietitian
John R. Dickson	Food Services Manager
Marvin R. Hill	Steward, Amos Infirmary Kitchen
Willard C. Johnson	Steward, Receiving and Intensive Treatment Area Kitchen
Andrew Moore	Construction Supervisor
R. T. Duncan, Sr.	Chief Engineer
Norman S. James, Sr.	Supervisor, Horticulture-Sanitary Department
J. W. Walden	Laundry Supervisor
E. J. Langley	Fire Chief
Arthur L. Patman	Commissary Manager
Dudley Elder	Plumbing and Electric Supplies Manager
R. P. Sofge	Chaplain
L. J. Herring	Funeral Director
Jewel R. Patman, R.N.	Matron, Landis Hall
D. D. Miles	Office Manager
H. E. Shepard, Sr.	Cashier
W. M. Runkle	Accountant

G. D. Williams	Personnel Manager
C. J. Brock	Paymaster
Rex L. Savage*	Administrative Secretary
Helen M. Shouppe	Administrative Secretary
Martha B. Griffin	Administrative Secretary
Delorese Andrews**	Secretary to the Superintendent
Shirley A. McDaniel	Secretary to the Superintendent
Frank Carnley, Jr.	Industrial Therapist
Thomas Joyner****	Vocational Rehabilitation Counselor
D. Allen Brabham****	Vocational Rehabilitation Counselor

VISITING STAFF

N. H. Kraeft, M.D.	Thoracic Surgeon
T. G. Holmes, M.D.	Neurosurgeon
H. T. Dukes, M.D.	Neurosurgeon
L. W. Elgin, M.D.	Ophthalmologist
R. N. Webster, M.D.	Urologist
W. Smith, Jr., M.D.	Orthopedist

* Retired

** Resigned

*** Deceased

**** Employed by State Department of Education—Division of Vocational Rehabilitation



THIS BUILDING WAS CONSTRUCTED IN 1834 BY FEDERAL GOVERNMENT
AS PART OF A MILITARY INSTALLATION
PRESENTLY IS USED AS AN ADMINISTRATION BUILDING

GENERAL INFORMATION

The Florida State Hospital at Chattahoochee this year completed ninety years of continuous operation. In 1876 it started receiving mental patients in buildings initially constructed in 1834 as a United States Arsenal. In the ten years immediately after the Civil War these same buildings were used as the State Prison, and in 1876, they were converted into the present State Hospital. Some of these original structures still serve as Hospital administrative buildings. During its first seventy years, this was the only State Mental Hospital in Florida, but since 1947, three additional State Mental Hospitals, each under the division of Mental Health, have been constructed in order to serve those areas of greatest population density.

Very little change occurred in the physical appearance of the Hospital until within the last twenty years, but during that period major advances have been made in modernizing the Institution. This was achieved by both enlarging existing patient programs and developing new ones, and by replacing obsolete buildings with modern, spacious, well-equipped, and fireproof structures. This progress continued through the past biennium and, by early 1967, all patients will reside only in modern facilities. Two new patients' residence buildings, under construction by contractors, and one major renovation of a patients building, under construction by the Hospital, will be ready for occupancy within a few months. On that occasion, approximately one thousand patients will be moved from their present inadequate quarters.

Desirable as these improvements are, there are still others that are considered very necessary, including the construction of a central cold storage, meat-processing and bakery area, a dining room for a Female Continued Treatment area, and one for employees, with Kitchen and Hospital Canteen attached, and a Kitchen and dining rooms for a Male Continued Treatment Area. There is also great need for a replacement warehouse building, an Administration building, and a Chapel, and another request will be made that more housing on the Hospital grounds be authorized by the Legislature in order to attract key medical personnel.

MOVEMENT OF POPULATION

As in the previous several bienniums, there continues to be a constant reduction in the patient population of the Hospital. During the past biennium, extending from July 1, 1964, to June 30, 1966, this reduction amounted to 283 patients. It is hoped this rate of reduction will continue until the population levels off at about 5,000 patients. The number of admissions during the last biennium equalled 4,605, as contrasted to 4,166 during the immediately preceding biennium, while the number of separations in that period amounted to 4,888, as compared to 4,343 during the biennium just prior to that time. Thus, although there were 439 more admissions this last biennium than in the previous one, there were also 545 more separations. This fact accounts for the steadily decreasing patient population, as is evident by noting that the census return of June 30, 1962, was 6,106, that of June 30, 1964, was 5,940, and that of June 30, 1966, was down to 5,646.

One result of this increase in separations has been an improvement in the overcrowded conditions in certain Hospital areas. When the buildings now under construction are completed in the first part of 1967, it is expected that the Hospital will closely approximate the American Psychiatric Association's standard of seventy square feet of space for each patient bed.

The constantly increasing percentage of admissions of the elderly and of the resident population of the elderly continues. At the end of the last biennium, 30.5 per cent of all the patients in the Hospital were 65 years or older. It is anticipated that the recent assignment by the State Welfare Department of twenty-three welfare personnel at the Hospital may achieve some reduction in the elderly patient census through suitable placement in selected nursing homes, by means of funds made available to that agency for that express purpose.

MEDICAL STAFF

In spite of persistent recruitment efforts, the Medical Staff is still much below the minimum required for efficient operation. The basic reason for this deficiency appears to result from the fact that there are just not enough physicians available to staff all the psychiatric positions throughout the Country. This is particularly noticed in a State growing as rapidly as is Florida, where the demand for trained psychiatric personnel greatly exceeds the supply, due to the increasing needs of private practice, of positions available in Universities, Mental Health Clinics, Veterans Administration, the Military Services, and the increase in the number of State Mental Hospitals. There is also much difficulty in obtaining qualified men in the specialties of Radiology, Surgery, and Internal Medicine. This Hospital, however, continues to be fortunate in retaining excellent consultants in Ophthalmology, Orthopedics, Thoracic Surgery, Urology, and Neurosurgery. Most of these consultants visit the Hospital weekly from Tallahassee, and their services are regarded as indispensable.

The Physicians on the Staff, in addition to caring for the psychiatric and physical needs of some 5,600 patients, also give medical and surgical attention to a majority of the more than 2,250 employees who request that a monthly payroll reduction be made for this service. The physicians also conduct all medical examinations through the Personnel Physician's Office on all applicants for any employee vacancy.

HOSPITALIZATION FACILITIES

The Hospital is still divided into Receiving, Tuberculosis, Geriatrics, and Continued Treatment Sections. In this biennium the Hospital was also completely integrated, both as to patients and as to personnel. There is now no area of the Hospital without patients and employees of both races. No distinction by race is made as to dining, sleeping, recreation, and treatment facilities, nor employment opportunities.

All patients admitted enter either the Male or Female Receiving and Intensive Treatment Areas, where they all undergo studies, including psychiatric, psycho-

logical, physical, and laboratory examinations. They also all receive diagnoses and indicated therapy while in that area. It is hoped that as many patients as possible will respond so satisfactorily to treatment there, that they can remain in the Intensive Treatment Area until improved sufficiently to be released on either a Trial Visit or Competency Discharge. Those whose response to therapy promises to be a very prolonged one, are usually transferred to one of the Continued Treatment areas, from which it is hoped that at a somewhat later date they will be released to go home. Those patients of advanced age with associated physical infirmities, and who require intensive physical nursing care, are transferred to one of several geriatric units. Those cases found to have tuberculosis are transferred to the Tuberculosis Section for treatment. This section also receives and treats all Tuberculosis cases that are discovered in any of the other three State Mental Hospitals. It is appropriate here to mention that the Hospital has continued to be fortunate during this biennium in retaining the services of a well-trained specialist in Tuberculosis and chest diseases. Those in need of Surgery, or special treatment for some medical disease, are transferred to the Medical and Surgical Section for such care. In that same area are the Operating Rooms, the Pharmacy, the Clinical Laboratory, the X-Ray Department, the Eye Clinic, the Personnel Physician's Office, and other diagnostic facilities. Nearby are located Social Service, Vocational Rehabilitation Service, the Record Room, and the Chaplain's Office.

SURGERY

Surgical services are rendered to all those committed patients who need such attention, and is available to all those employees who elect to receive medical care by this Hospital. There are two resident general Surgeons, and five Surgical Consultants in the specialties of Neurosurgery, Orthopedics, Ophthalmology, Urology, and Chest Surgery. These Consultants regularly visit the Hospital on stated dates to consult with the Staff, or to perform surgery on those cases that lie within their own specialty field.

During the past biennium, the following Surgical procedures were carried out at this Hospital:

Major surgical procedures	238
Minor surgical procedures	1,163
Orthopedic surgical procedures	33
Gynecological surgical procedures	71
Ophthalmology surgical procedures	14
Urological surgical procedures	137
General surgical procedures	1,023
Deliveries	10
Blood transfusions	824
Ambulatory surgical treatments	16,313
Surgical trays	7,507

CLINICAL LABORATORY

The Hospital Clinical Laboratory has succeeded in increasing its staff during the past biennium, and has secured the services of another Registered Laboratory Technologist. The present staff consists of a Chief Technologist, three trained Technologists, who are registered by the American Society of Clinical Pathologists, and three Laboratory Technicians. Efforts to fill the staff vacancies in the Laboratory are constantly being made.

During the biennium the Clinical Laboratory performed a total of 217,290 tests and procedures. This is an increase of 4,700 over the previous period. Included in the total were 58,702 Hematology, 32,283 Chemistry, 94,212 Urinalyses, 12,691 Bacteriology, 9,671 Serology, 6,820 Parasitology, 1,147 Spinal Fluid Examinations, and 944 Phlebotomies, in addition to approximately 1,000 other miscellaneous tests. Not included in these totals were 222 autopsies, 546 surgical tissue specimens, and the preparation of approximately 5,500 tissue slides. The Laboratory also now performs biweekly chemical analyses of samples of sewage effluents taken at the Hospital Sewage Disposal Plant. All obsolete items of equipment have been replaced, and there was no purchase of any major equipment during the biennium.

The Hospital School of Laboratory Technology is not operating at this time due chiefly to the raising of the student educational requirements by the American Medical Association and the American Society of Clinical Pathologists from two years to three years of college training. This resulted in the supply of students from local two year colleges being stopped. Should the local colleges raise their curriculums to a four year basis, and thus provide a pool of qualified students, this Hospital will again apply for approval of its school by the American Medical Association and the American Society of Clinical Pathologists.

PHARMACY

The Hospital Pharmacy is under the supervision of a Registered Pharmacist and one Assistant, and has the responsibility of requisitioning and dispensing all drugs used throughout the Hospital.

During this past biennium, approximately \$661,000 worth of drugs and Hospital supplies were dispensed of which approximately \$330,000, or nearly one-half of the total, consisted of tranquilizers and other psychiatric drugs. In all, some 15,000 prescriptions were filled for both patients and employees.

During the last year of the biennium, the Hospital Pharmacy assumed the added duty of filling the drug requisitions for psychiatric drugs requested by the different County Health Officers throughout the State. These drugs are dispensed under the control of the Division of Mental Health for the use of all indigent patients released from the State Mental Hospitals and other indigent mental patients who visit those clinics.

X-RAY SERVICES

During the past biennium this Hospital had the misfortune of losing through death, the services of its very skilled Radiologist, Doctor Edward C. Love, who was a member of the Medical Staff for many years. Thus far all continuous efforts to secure another Radiologist have failed.

The X-Ray Department during the past biennium reports a total of 16,182 films developed. These included 9,146 chest films, 2,406 extremity films, 619 pelvic films, 598 abdominal films, 1,158 spine films, 1,459 skull films, 287 gastrointestinal series films, 298 excretory urograms, 107 colon films, and 104 gall bladder series.

FUNERAL DEPARTMENT

This department is under the supervision of a licensed Funeral Director and Embalmer, who assumes full responsibility for the management of all patients who die in this Hospital.

As soon after death as possible, the patient is transferred to the Mortuary Department and the nearest of kin is notified. Upon receipt of proper instructions, the wishes of the family are then carried out which may include embalming, burial, or shipping instructions. Services are conducted in the Mortuary Chapel by the Hospital Chaplain, or by a Minister, whichever the family chooses, if interment is to be in the Hospital Cemetery. Autopsies are performed regularly by the Pathologist upon written consent of the nearest of kin.

Of the deaths occurring at the Hospital, approximately one-third are buried in the Hospital Cemetery and the other two-thirds are transported home for final interment.

PSYCHOLOGY DEPARTMENT

The Psychology Department at this time is staffed by a director, and three clinical psychologists. The two remaining staff vacancies have proved very difficult to fill.

The primary service of the Department is to make psychological evaluations by means of interviews and tests of patients referred by psychiatrists from various areas of the Hospital. These evaluations provide certain diagnostic information, note progress of treatment, assess vocational fitness, or aid in release planning. The psychologists also participate in the Diagnostic and Disposition Staff Conferences, at which determinations are made regarding those patients who appear before them.

The Psychologists also test and interview all applicants for non-professional employment as an aid to personal selection, and participate in orientation programs for Hospital personnel, and take part in seminars for outside groups which have an educational interest in mental health. Much time is devoted to doctoral candidates in psychology and sociology from the Florida State University, both in arranging a field placement, and in helping develop research projects.

During the last biennium, 2,479 patients were evaluated, with 7,502 tests administered. A variety of test instruments were used, including personality

questionnaires, projective personality tests, intelligence scales, and aptitude and special disability tests. A total of 2,869 tests were administered to 1,319 applicants for Hospital employment.

In order to provide broader and more efficient psychological services, as well as to render services to a greater number of patients, it is hoped that in the near future the recommendation of the American Psychiatric Association for a staff of twelve clinical psychologists for a Hospital this size will be attained.

SOCIAL SERVICE DEPARTMENT

The Social Service Department is an integral part of the treatment program at the Florida State Hospital. Its primary function is to render casework services to patients and relatives. The department continues to develop ideas and methods which will provide additional services to more patients. Social histories, secured from relatives by personal interview, provide knowledge of the patient's symptoms and behavior, of family relationships and attitudes, and of previous treatment. This information is used to assist in formulating the diagnosis and treatment plan, and with the coordinated help of health and welfare agencies, patients and families are aided at the time of admission, during hospitalization, and at the time of release.

In securing this history information, the Hospital social workers held interviews with 3,466 relatives of 2,325 patients, primarily at the time of admission. In addition, newly admitted patients were seen individually and in group meetings in order to assist with their orientation to the Hospital, and to acquaint them with the various services available in the Hospital. The Social Service Department has continued to process Social Security forms as requested by the Social Security Administration, so that patients, their families, and the Hospital will obtain any financial assistance due. During this biennium, 2,476 such forms were completed, and it is expected that more liberal Social Security benefits and Medicare will provide additional funds for the patients. In order to assist follow-up care for the patients, 2,498 County Health Referrals were sent to the patient's home community at the time of release. These referrals insure professional help by health, education and welfare agencies so that continued progress outside the Hospital area might be achieved.

The Florida State University Graduate Program in Social Work continues to use this Hospital's Social Service Department to provide supervised field work training for graduate students. The Staff cooperated with the Florida State University in training eighty-two students, twenty-nine of whom have prepared social work research while on placement at this Hospital. This educational program coupled with in-service training within the department, provides full knowledge of new ideas and concepts in social work, thus making this knowledge useful in services to patients.

A major responsibility for the Social Service Department, which has increased during the biennium, is that of release planning for patients. The ability of professional social workers to plan effectively with patients and families toward good adjustment outside the Hospital and the increased opportunities provided by social

agencies has resulted in this increase. Communication with families about the patient's illness, by interviews and correspondence, or through community agencies, has resulted in the release of many patients. The Family Care Program of the department has resulted in the placement of patients in the homes of non-relatives with subsequent follow-up by hospital social workers in order to insure continued progress of the patient. In most cases, patients considered for family care placements are those without interested relatives who have achieved maximum benefits from hospitalization, yet who need an understanding home situation and supervision for a trial period so their adjustment abilities can be observed and they can be offered help for an extended period of time.

Amendments to the Social Security Act in 1965 made it possible for assistance payments for persons 65 years of age or older who are patients in a mental hospital. Twenty-three new employees of the State Department of Public Welfare are now affiliated with the Hospital in order to administer this program which will provide financial security to elderly patients. The mental health programs for the State will also receive financial assistance from Federal Matching Funds since care and maintenance payments will be made for these patients. A primary responsibility of the Social Service Department will be release planning for this group of people on recommendation by their attending psychiatrist. At this time the Hospital and the Department of Public Welfare are conducting a survey to determine the number of patients that could live outside the Hospital environment. Through the joint efforts of the Hospital and the Welfare Department, it will be possible to make release plans for individuals who previously had very little potential as candidates for release.

The Social Service Department had referrals requesting services to 3,557 patients during this biennium; including 1,653 males and 1,904 females. Over 10,000 letters were sent to relatives, community agencies, and other hospitals, in order to secure assistance for patients while they were in the Hospital. Continued services to patients remain the goal of the department, and, if additional staff becomes available, even more services and program will be developed that will contribute to the total rehabilitation of the patients.

OCCUPATIONAL THERAPY DEPARTMENT

The Occupational Therapy Department has the responsibility of the Patient Activity Program of the Hospital that reaches approximately 5,000 patients each month. It includes Recreational Therapy, Music Therapy, Library, Volunteer Programs, Vocational Evaluation, a Homemaking Program. Occupational Therapy Clinics are maintained in fourteen different areas in the Hospital, and are all designed to help the patient return to society as a productive member of the community.

A new Occupational Therapy Department program is a training adjustment class, which attempts total rehabilitation of the patient with minimum gaps, and is designed to avoid a lapse in the process between the completion of vocational evaluation, and the departure of the patient from the Hospital to the training phase



A VIEW OF A RECEIVING AND INTENSIVE TREATMENT SECTION

in the home community. Here the strongest factors discovered in the vocational evaluation process are exploited in an introduction to actual training.

Approximately 300 patients are actively engaged in the Music Therapy Program and hundreds of others enjoy a passive role in the various types of music programs throughout the Hospital. The over-all program includes rhythm bands, string bands, orchestras, singing groups, chapel choirs, folk bands and specialized training classes. The Music Therapist assisted by a capable and enthusiastic volunteer worker gives individual instruction to a number of patients and trains many for pageants and talent shows.

The Florida State Hospital was most gratified in being selected and invited by the American Occupational Therapy Association to have the Occupational Therapy Director, and three Certified Occupational Therapy Assistants present papers on its activities at the annual Occupational Therapy Conference in Miami.

INDUSTRIAL THERAPY DEPARTMENT

Here Industrial Therapy is a rehabilitation program designed for therapeutic purposes. Patients participating in this program are afforded the opportunity to regain lost confidence, to rebuild morale, to restore a sense of responsibility, to become a useful member of a group, and to develop work tolerance as a part of their treatment program. Assignments are presently being made throughout the entire Hospital, which includes some twenty-seven work areas.

Each patient participating in the Industrial Therapy program is referred by his or her Psychiatrist when considered to be in a good state of remission. Simultaneously all Industrial Therapy patients are referred to a vocational counselor for specific rehabilitation planning. Patient progress and actual work performance is constantly being determined by the Industrial Therapist through consultations with work area supervisors, ward supervisors, Psychiatrists, Vocational Counselors, and other personnel. On-the-job and on-the-ward follow-up contacts are regularly made by the Industrial Therapist to assist each patient with constructive rehabilitation planning. All necessary progress reports, referrals and records are maintained by the Industrial Therapist, and integrated with the other hospital services. During the past biennium, 658 patients were actively assigned in Industrial Therapy, and of these, 607 were released from the Hospital.

VOCATIONAL REHABILITATION SERVICE

A full-time Vocational Rehabilitation Counselor was first assigned to the Florida State Hospital in 1961. Due to the large number of patients being admitted and discharged from this Hospital, Vocational Rehabilitation found it necessary to add two full-time counselors and another secretary to its staff in August, 1965. This was made possible through an interagency agreement between the Florida Division of Mental Health and the Florida Division of Vocational Rehabilitation.

A Prevocational Evaluation Unit is now in operation. Patients are given job samples with which to work, and an estimate is made by the Assistant Director of

Occupational Therapy and the Industrial Therapist as to the patient's possession of skills or ability for various vocations. A Counselor is assigned to the Evaluation Unit operated four hours each day to offer guidance and counseling to the patients there. This has provided for an increase in number of patients being vocationally evaluated before release from the Hospital. Information obtained through the Evaluation Unit helps to determine whether to offer training or job placement for the patient in the community.

The doctors and the Supervisor of Receiving Services have since November, 1965, collaborated with Vocational Rehabilitation in conducting meetings on the Receiving Services in order to discuss the Vocational Rehabilitation Program with all new and returning patients. These meetings have proved very beneficial, and a study has shown that the number of patients admitted to the Receiving Areas who have applied for Vocational Rehabilitation services has increased to 63 per cent resulting in a great increase in referrals, and also in discharges of patients who received Vocational Rehabilitation services. Another study of the patients discharged and released under Vocational Rehabilitation shows that patients who leave the Hospital with Vocational Rehabilitation assistance have a much better opportunity of remaining out of the Hospital than those who have not received such assistance.

Satisfactory job adjustment in the community is generally recognized to have a therapeutic value for the emotionally disturbed person, and intensification of planning and work during this biennium indicated progress toward more adequate service in this area.

Because of the additional staff, Vocational Rehabilitation expects to further enlarge its total program for patients at the Florida State Hospital during the coming biennium.

RELIGIOUS ACTIVITIES

The religious program at the Florida State Hospital is designed to provide the patient with a wide variety of religious activities in which he is at liberty to participate. It is intended to provide religious activities which bring hope, encouragement, support, and insight to the greatest possible number of patients. Efforts are made to meet the needs of denominational groups, and a number of Ministers from outside the Hospital Staff contribute to the religious needs of the various patients. These include Ministers of the Baptist, Catholic, Episcopalian, Jewish, Lutheran, Methodist, and other faiths, who regularly hold their own services for members of their faith and respond to sick call requests from the same members.

In addition to the Chaplain, there are some ten volunteer Ministers, seven teachers, and a music therapist who conduct religious services for the patients.

The Chaplain supervises the Inter-Faith activities including worship services, funerals, a ministry of worship and education for the deaf, Bible Classes, Music Ministry, and other special activities. Denominational activities, as previously indicated, are carried on by ordained Ministers of various faiths who donate their time and energy for this purpose. Only one of these volunteer Ministers travels less than ninety miles to make each visit, and one travels as much as a thousand miles each month to minister to the deaf patients.

A weekly religious bulletin, *The Hospital Visitor*, is printed with the aid of patient help. It contains announcements of all services and activities scheduled during the coming week, informative articles and reports, and devotional material. It is distributed each week to religious leaders, department heads, and also to approximately seven hundred patients in various departments. The Chaplain regularly sends letters of condolence immediately after death to the families of all patients who die at the Hospital. Most of the secretarial and clerical work in the department is voluntarily performed by a patient, thus permitting the Chaplain to devote more time to services and visits to the patients.

Each month an average of 3,370 patients attend various religious services held in different areas of the Hospital, and every Sunday the Chaplain conducts four inter-faith worship services in as many locations on the Hospital grounds. Funerals are scheduled by him three days each week, and during each week he conducts as many as six worship services.

The Chaplain attempts to visit with as many patients individually as time permits, and also makes arrangements for other Ministers to see patients who are members of their particular church or denomination. The Chaplain regularly visits all departments of the Hospital, and sees every patient that is referred to him. He participates in the orientation and training of student nurses and of visiting groups, and occasionally counsels with the families of patients. Every year he schedules a tour of the Hospital for Ministers, and at Christmas, arranges for the Christmas Caroling Program. Some three hundred carolers came from the town and surrounding communities to carol for the patients last Christmas.

The need of an Assistant Chaplain is quite acute, as his presence would allow each Chaplain to spend more time counseling with individual patients in his area, as well as providing additional worship opportunities. This position has been available for several years, but efforts to fill it so far have been unsuccessful. Recently the Chaplain has received a Certificate of Ecclesiastical Endorsement from the Methodist Commission on Chaplains for his work at the Florida State Hospital. He also attended a Pastoral Counseling Workshop at Emory University. This intensive course consisted of studies in Pastoral Theology and Pastoral Psychology. The insights gained at the Workshop should prove invaluable in more successfully meeting the needs of the patients.

Our thanks are once again due to those outside individuals and groups, who offer their services and resources to the religious program, or send literature to the Hospital.

DEPARTMENT OF NURSING EDUCATION

The Florida State Hospital Department of Nursing Education continues to provide a course in Psychiatric Nursing for students who are enrolled in basic schools of nursing. This course is accredited by the Florida State Board of Nursing and students are accepted into the program for a twelve week period according to contractual agreement with the various affiliating schools. The enrollment in this program for the current biennium totaled 236 students.



EXTENDED CARE BUILDING UNDER CONSTRUCTION
TO REPLACE AN OLD BUILDING

The central objective of this course is to develop in the basic professional student an understanding of fundamental principles and an ability to acquire and utilize knowledge and skills in psychiatric nursing so that such might be applied in all areas of nursing. The Staff consists of the Director of Nursing Education, four Nursing Instructors, and two secretaries.

Recently most basic schools of nursing have developed adequate psychiatric facilities for student experience within their specific areas, which will, no doubt, result in some changes regarding the affiliate program at this Hospital. This tendency has been accelerated by the expansion of Community Mental Health Services Programs.

During this biennium, the Florida State Hospital provided clinical facilities for learning experiences in psychiatric nursing for one four-year collegiate nursing program and for two associate nursing programs of two years duration.

These schools send one or more of their faculty members with their students to the Florida State Hospital. They assume total responsibility for the teaching assignments, supervision, and evaluations of their students. The enrollment for this program totaled 199 students.

The Department of Nursing Education is also responsible for the in-service training programs for graduate nurses and non-professional nursing personnel. In-service education for non-professional personnel is compulsory and consists of a twenty-seven hour orientation course designed primarily for new employees, an advanced eleven-hour course designed for those employees who have previously attended the orientation program, and a special thirty-six hour course for employees working in the medical and surgical areas of the Hospital.

Special classes are periodically scheduled for selected aides, and cover special topics or procedures. At times, these classes are taught by guest speakers.

DENTAL SERVICES

The Dental Department has operated during the biennium with a Chief Dentist, an assistant Chief Dentist, six dental interns, six dental assistants, a secretary, a record clerk, and four laboratory technicians.

Guest lecturers from Tallahassee, Jacksonville, and Fort Lauderdale have made visits to this Hospital, lecturing and giving clinical demonstrations to interns, as required by the American Dental Association. The efforts of all the visiting clinicians have brought about better service to the patients, and a more complete training for the dental interns. The interns also attended post-graduate courses in St. Petersburg and Pensacola.

During this biennium a number of improvements and additions have been made to the dental department. New equipment purchased for the dental department consisted of two 18,000 B.T.U. air conditioners that replaced old ones, and one laboratory drying oven.

New floor covering was placed in the dental laboratory, and all operatories were re-painted. New drapes and blinds were also installed.

Examinations	3,322
Extractions	3,851
Oral Surgery	592
Treatments	11,898
General Anesthetics	5
Fracture cases	6
Oral Prophylaxis	1,189
Periodontal Treatments	635
Root Canal Fillings	42
Dentures Relined	210
Study Models	1,106
Dentures (full and partials)	738
Dentures Repaired (partials and full dentures)	560
Denture Adjustments	1,788
Fixed Bridges	355
Bridge Repairs	57
Crowns and Jackets	187
Gold Inlays	111
Amalgam Fillings	3,765
Porcelain fillings	834
Gold Foil Fillings	148
Full Mouth X-Rays	619
Bite Wing and Single X-Rays	8,138
Occlusal and Lateral Jaw X-Rays	590
Hospital and ward visits	2,810
Total Patients Seen	40,113

PERSONNEL DEPARTMENT

The Hospital Personnel Office was established four years ago for the purpose of interviewing and screening applicants for employment. In addition, it contains the Payroll Section, which is responsible for the preparation of all Hospital payrolls, delivery of salary warrants, and the maintaining of personnel records and files. This Department handled a total payroll of \$14,580,000.00 during the past biennium.

All non-professional applicants are interviewed by the Personnel Officer, and applications are accepted from those who meet preliminary eligibility requirements. The Personnel Officer also handled the necessary investigative work to determine whether the applicant may be acceptable for employment. In addition, the applicant must successfully complete an aptitude test, and, prior to final acceptance, all applicants must also satisfactorily pass the required physical examination conducted by the Hospital Personnel Physician. Employment also depends upon the results of a finger-print check, which is processed by the Florida Sheriffs' Bureau.

In this past biennium the Personnel Department records show that there were a total of 2,273 positions authorized, with 2,195 being the average number employed. A total of 968 new employees were hired during the biennium, and a total

of 929 employees had their services terminated in the same period. On June 30, 1966, the total number of employees was 2,201, and the average employment turnover rate was estimated to be 21.15 per cent.

DIETARY

Food service in a Hospital this large plays a very important role in the care and rehabilitation of the patients. The Hospital has a number of kitchens strategically located in major patient areas, each of which prepare and serve meals for those in that area. These are the General Kitchen, Gray Kitchen, Department A Kitchen, Amos Infirmary Kitchen, Diet Kitchen, Park Trammell Kitchen, and Tuberculosis Kitchen. These areas handle Diabetic and other Special Diets in addition to regular diets.

Besides these food services for patients, the Hospital also operates three cafeterias to serve the employees. In addition, a central Bakery and Meat Processing Section are operated, and the products of these are distributed to the various kitchens daily.

The food planning and preparation areas are in charge of a Registered Dietician and an experienced Food Service Manager, supplemented by other trained personnel. Individual attention is required in the over-all preparation of special foods for dietary patients, under the supervision of the Registered Dietician.

The employees in the food service areas of the Hospital are encouraged to take pride in the quality of the meals served, in the importance of good nutrition for the patients, and in seeing to it that food is attractively and sanitarily placed before the patients and employees.

During the past biennium, there were a total of 12,711,152 meals prepared and served to the patients of this Hospital at a total cost of \$3,022,789.65 for the raw food before its preparation.

Each year a brief, informative paper is issued, relating the activities within the Hospital Kitchens, so that visitors and employees may more fully understand and appreciate the extent of this Food Service Operation.

Obviously the selection of food, and the feeding of approximately 7,800 patients and employees is a major undertaking. Such factors as cost, balanced diets, special diets, perishability, and others must be given careful consideration. The cost of each day's serving must be carefully controlled, or the budget allowance would be exceeded before the end of each fiscal period.

The Hospital bakery equipment operated on electricity and fuel oil is of ample capacity for the present patient population, is of modern design, and provides all of the loaf bread consumed at the Hospital. An average of 2,500 loaves of bread are baked daily, in addition to large quantities of biscuits, corn bread, cakes, and cookies. All meats are processed in the meat processing area of the Hospital, and sent to the various Kitchens, and over 90,000 pounds of beef, fish, poultry, and other meat products are handled there each month.

There is also in operation a modern pastry shop with two Fisher Revolving Ovens operated on electricity and fuel oil that have thermostatic control and automatic timer. All pies, danish pastry, baked potatoes, baked ham, beef roast, country and salisbury steak, and meat loaf are prepared in these ovens. The meats prepared here show very little shrinkage, but each time are cooked to perfection by means of the modern controls on the ovens.

Great care is taken in planning and requisitioning only quality foods, purchased in exact needed quantities, and at the lowest available cost. Variety is also stressed, as it is the intention of the Hospital that every patient and employee will receive a nutritious and enjoyable diet, while adhering to the standards mentioned above.

CONSTRUCTION DEPARTMENT

This department is responsible for the general repair and upkeep of all buildings, Hospital furniture, fencing and walkways, and the construction of small additions and improvements to existing facilities. Occasionally the department completely remodels and renovates older structures of considerable area.

Within the past biennium, this department dismantled 22,994 square feet of the obsolete west end of Building Number 37, a Male Continued Treatment structure, which was deteriorating under sixty years of use and was not fireproof. This renovation into a fireproof structure is being achieved by the use of the Construction Department personnel, and Apalachee Correctional Institute inmates. In addition, the Department remodeled bathrooms with ceramic tile in eight residences, enclosed several back porches, built two carports, re-roofed two buildings, dismantled obsolete buildings Number 48 and Number 50, which had been replaced by two Male Continued Treatment buildings, built a new plumbing repair shop and a new vegetable cleaning room, completely remodeled two residences, and in Building Number 237 a Central Supply area was installed.

In addition to the above listing, there were hundreds of smaller repair projects accomplished. The Carpenter Shop produced many items, such as doors, windows, lockers, wardrobes, cabinets, shelving, chairs, desks and tables, and repaired many similar items. The paint crew was employed full time in the painting of many of the approximately two hundred buildings on the Hospital grounds and also various items of furniture and fixtures. The Sheet Metal Shop performed such metal work as was required in the usual repairs and remodeling of buildings, and also repaired small kitchen equipment such as pot dippers and dust pans.

The Mop and Broom Shop operated by this department produced 19,345 mops and 9,597 brooms during the biennium.

ENGINEERING DEPARTMENT

This is one of the key departments in the operation of the Hospital, having the responsibility of providing heat, light, power, water, and all utilities for the entire institution. This includes the operation of a central power plant for the generation of electricity and steam, and a water pumping station and filtering plant,

with related distribution systems supplying these utilities to all departments of the Hospital. The department operates shops for the maintenance of plumbing and electrical distribution systems, communications, refrigeration, radio and television and all mechanical and electrical equipment throughout the institution. An ice plant, which furnishes an adequate supply of ice to the various Hospital areas is also operated by this department.

The Engineering Department during the biennium produced 1,131,570,400 pounds of steam, 29,292,950 kilowatt hours of electricity, processed and pumped 1,385,302,400 gallons of water, and made 3,115 tons of ice.

In addition, this department coordinated its work with the construction department in order to complete the projects listed under the construction department report.

The power plant is approaching its capacity for firm power due to the modernization of old buildings and the construction of additional new buildings. A survey is now being made of the Power Plant potentials to handle future anticipated increased loads on the generators. Even if no further increase in buildings occur, there is expected to be an increase in demand for more air conditioning facilities throughout the Hospital. The present survey is being conducted by an Engineering Firm that is well acquainted with the existing Hospital power plant, having in years past designed most of it. Their report showing projected power plant needs and how best to plan for such is looked forward to with great interest.

FIRE AND SECURITY DEPARTMENT

This department is equipped with four motorized vehicles of the most modern type, and is manned by a crew of professional firemen, aided by voluntary firemen, and directed by a qualified fire chief.

The Fire Department headquarters are centrally located in a well-equipped building which provides for storage space for its vehicles, and a dormitory used by volunteers and on-duty firemen.

The total fire loss during the past biennium period amounted to only \$2,715.28, of which amount \$1,002.77 was the result of patients, on some thirty-five occasions, accidentally burning bedding by careless cigarette handling.

In only two instances was there any fire damage to buildings, and such damage amounted to only \$115.38. Damages to contents, other than bed fires, amounts to \$1,597.13.

In addition to maintaining a continuous and modern training program for its firemen, the department has frequent building inspections so that proper adherence to good fire prevention practices will be observed by hospital personnel. As in the past, an in-service educational program in fire prevention has been presented to the Hospital employees throughout this period. Such a program has been most rewarding, as can be noted from the low fire losses over the years, there having been no major fires and no patient nor employee injured from fire during this period.

The department, in addition to its major duties of Fire Control and Prevention, has maintained a night watchman service for the institution, as well as being in charge of the operation of the Hospital Information Booth.

HORTICULTURE—SANITATION DEPARTMENT

The Sanitary and Horticulture Departments continue under the supervision of a registered sanitarian and licensed pest control operator, who is responsible for the sanitation, pest control, and general maintenance and beautification of the Hospital grounds.

All buildings in the institution are serviced on a regularly scheduled basis by trained pest control operators engaged in the continuous elimination of insects and rodents. Multiple types of insecticides are used, including contact and residual sprays, rodenticides, and these are compounded by this department, which results in substantial savings to the Hospital.

This department is also responsible for the operation of the Hospital's activated sewage treatment plant, which treats approximately 2,000,000 gallons of sewage each day. This plant has nine mechanical fin-type aerators with primary and secondary clarifiers, and with separate primary and secondary sludge digesters. This plant delivers an extremely clear effluent with a very low B.O.D.

Monthly sanitary inspections are made in all the Hospital departments that are directly connected with the feeding and housing of patients and employees. Grades are posted in each area in accordance with existing conditions, and are reported to both the Superintendent and the various supervisors, in order that immediate corrective measures may be taken.

The residual food left by patients and employees is picked up twice daily from all food service departments and serving rooms, and delivered to the swill cooking plant where it is properly processed for use by the Apalachee Correctional Institution in its hog-raising program. This plant has two 1,000 gallon capacity steam-jacketed kettles capable of producing temperatures up to 200 degrees, and has all necessary modern equipment, such as can washers and sanitizers, as recommended by the State Sanitary Livestock Board.

Two trash collecting trucks are operated by this department to handle all the Hospital trash. The main truck is a modern compactor type refuse truck that picks up trash daily from all the Hospital wards, office buildings, and residences on the grounds, and also twice daily from the food service and medical and surgical areas. An open-stake body truck is used for bulk trash, such as tree limbs, boards, drums, and boxes. This refuse is buried in a sanitary landfill project.

During the biennium, there were constructed and landscaped six patios, and the area around the Fire Department, the Bachelors Doctors Quarters, six residences, the Sewage Treatment Plant, the sides of the Folmar Building, and of the two Gray Buildings, were landscaped. In addition, five blocks of street beautification and several other small projects were completed. All shrubbery was pruned every three months, fertilized every four months, and sprayed three times yearly for the control of insects, scale, and fungi.

The plant propagation project was greatly extended, and there is now a much greater variety of plants than at anytime previously. Much attention has also been given in the last year to all exterior plants, such as boxwood, camellias, azaleas, sasanquas, podacrpus, holly, vibernum, palms, red top, and many others. At the present time, more than 250 acres of the Hospital grounds are maintained as lawns.

LAUNDRY

During the biennium, the Hospital laundry successfully provided all the laundry services required by the patients. It processed 14,565,605 pounds of clothing and linens, at a cost of .0285 cents per pound. This represented an increase of 636,778 pounds of laundry, and a .003 per cent increase in cost per pound over the previous biennium.

Also in this same period, a 1000 pound capacity washing machine was replaced by a 1200 pound capacity machine, a 50 inch Extractor was replaced by a 60 inch machine, and two 150 pound capacity tumblers were replaced by four 100 pound capacity machines. One extra truck was also added, in order that the increase in laundry poundage could be efficiently handled.

SEWING ROOM

This department is in charge of manufacturing various items of linens and clothing used by the institution including sheets, towels, pillow cases, dresses, and gowns. In addition, this department also repairs many worn or badly torn articles of clothing.

The department manufactured a total of 5,077 aprons, 22,725 dresses, 27,892 chemises, 19,054 gowns, and 955 uniforms with a total value of \$134,945.88. In addition there were produced 3,413 sheets, 19,472 pillow cases, and 18,211 towels, at a cost of \$16,732.93 and other items costing \$6,354.83. The total of all items manufactured by the Sewing Room thus amounted to \$158,033.64.

MATTRESS FACTORY

The Mattress Factory located on the Hospital grounds in the old Arsenal Magazine which was built in 1834 produces all the pillows and mattresses used at this Hospital, and has occasionally built mattresses for another Division Hospital and additionally repairs upholstery and venetian blinds and makes drapes.

Major items produced by this department during the biennium include 1,573 mattresses, valued at \$24,381.50, 2,062 nylon plastic mattress covers, valued at \$9,679.31, 1,498 pillows, valued at \$2,504.21, and 763 sheets, valued at \$1,291.45. In addition, there were numerous miscellaneous items made that were valued at \$18,909.13. The total value of the production of this department amounted to \$56,756.50.

PLUMBING AND ELECTRICAL SUPPLY DEPARTMENT

The Plumbing and Electrical Supply Department is responsible for the requisitioning, receiving and issuing of all construction and engineering materials and supplies. These include, besides the various repair parts and fittings normally associated with these activities, such items as chemicals for water treatment, cement, roofing supplies, and lumber.

Complete records are kept on a unit cost and quantity basis. Also, maintenance work orders are completed, reflecting labor and material costs of each job.

This department also provides maintenance and requisitions replacements for the 55 unit automotive fleet of this Hospital, and numerous stationary combustion engines, such as pumps, air compressors, and mowers.

Presently the facilities for the warehousing of these items are scattered throughout the Hospital grounds, and in many instances the particular storage area used was not constructed for that purpose. Funds for the construction of an addition to the central warehouse are again being requested in order to provide more adequate warehousing facilities.

The Plumbing and Electrical Supply Department also has the responsibility for the salvage operations of the Hospital. All items either worn out, condemned, or surplus to the needs of a department are turned in to this department. Usable items are repaired by the appropriate maintenance shops, and the scrap items are sorted and placed in the salvage yard. Periodically this salvage is sold at public bid through the State Purchasing Commission.

COMMISSARY

The Commissary is responsible for the receiving of all the purchases of the Hospital; maintains warehousing facilities for all clothing, linens, office supplies, housekeeping supplies, food, and kitchen supplies; delivers these items to all departments of the Hospital; clears all purchase requisitions, and all emergency purchases, including weekly bids on produce and eggs required for the Hospital, and additionally is responsible for invoice auditing.

MOVEMENT OF PATIENT POPULATION

	July 1, 1964 to June 30, 1965	July 1, 1965 to June 30, 1966
ADMISSIONS:		
On New Commitment from:		
County Courts.	1,273	1,296
Circuit and Criminal Courts and Court of Record	161	131
Certifications.	92	94
Voluntary Admissions	146	93
Readmitted on Former Commitment.	8	9
Returned from Trial Visit	552	551
Returned from Escape	48	44
Transferred from Other Divisional Hospitals.	7	12
Admitted while on Trial Visit from Other Divisional Hospitals	2	0
Other	38	48
TOTAL ADMISSIONS	2,327	2,278
SEPARATIONS:		
Released on Trial Visit	1,306	1,312
Discharges:		
By Staff	130	134
For Transfer to V. A. Hospitals	30	19
For Transfer to Other States.	38	33
For Return to Court	122	134
Certified Patients	74	76
Voluntary Patients	140	106
Other Discharges	16	71
Transfers to Other Divisional Hospitals.	1	1
Transfers to Non-Divisional State Institutions	32	0
Escaped	73	76
Patients Died.	451	491
Other	16	6
TOTAL SEPARATIONS	2,429	2,459
Net Decrease in Population.	-102	-181
POPULATION BEGINNING OF PERIOD	5,929	5,827
POPULATION END OF PERIOD	5,827	5,646
AVERAGE NUMBER OF PATIENTS	5,859	5,703

PSYCHOSES OF ADMISSIONS

	July 1, 1964 thru June 30, 1965					July 1, 1965 thru June 30, 1966				
	Total	WM	WF	CM	CF	Total	WM	WF	CM	CF
ACUTE BRAIN SYNDROMES:										
Alcohol Intoxication	8	1	2	3	2	12	6	3	3	0
Drug or Poison Intoxication	4	0	4	0	0	2	0	2	0	0
All Other Conditions	2	0	1	1	0	3	2	1	0	0
TOTAL ACUTE BRAIN SYNDROMES	14	1	7	4	2	17	8	6	3	0
CHRONIC BRAIN SYNDROMES:										
Diseases and Conditions due to Prenatal Influence	0	0	0	0	0	5	2	1	2	0
Meningoencephalitic Syphilis	2	0	0	2	0	5	3	2	0	0
Epidemic Encephalitis	3	2	1	0	0	0	0	0	0	0
Other Intracranial Infections	2	1	1	0	0	0	0	0	0	0
Alcohol Intoxication	45	23	12	6	4	67	44	9	10	4
Drug or Poison Intoxication	2	0	2	0	0	2	0	1	0	1
Birth Trauma	6	3	1	2	0	3	0	2	0	1
Other Trauma	17	13	3	1	0	19	11	6	1	1
Cerebral Arteriosclerosis	242	104	102	20	16	310	131	134	31	14
Other Circulatory Disturbance	6	5	0	0	1	5	1	2	0	2
Convulsive Disorder	30	12	8	8	2	38	17	14	5	2
Senile Brain Disease	126	40	55	12	19	93	29	45	11	8
Other Disturbance of Metabolism, Growth, and Nutrition	4	1	2	0	1	8	2	3	1	2
Intracranial Neoplasm	1	1	0	0	0	2	0	2	0	0
Diseases of Unknown and Uncertain Cause	8	3	5	0	0	6	2	3	1	0
Chronic Brain Syndromes of Unknown Cause	9	2	5	1	1	7	2	2	1	2
TOTAL CHRONIC BRAIN SYNDROMES	503	210	197	52	44	570	244	226	43	37
PSYCHOTIC DISORDERS:										
Involuntary Psychotic Reaction	67	9	44	0	14	45	6	31	2	6
Manic Depressive Reactions	27	9	18	0	0	36	16	19	0	1

PSYCHOSES OF ADMISSIONS (Continued)

	July 1, 1964 thru June 30, 1965					July 1, 1965 thru June 30, 1965				
	Total	WM	WF	CM	CF	Total	WM	WF	CM	CF
PSYCHOTIC DISORDERS (Continued)										
Psychotic Depressive Reaction	7	3	4	0	0	12	6	5	0	1
Schizophrenic Reactions	708	246	307	67	88	666	231	261	94	80
Paranoid Reactions	2	2	0	0	0	2	1	1	0	0
Other	1	1	0	0	0	0	0	0	0	0
TOTAL PSYCHOTIC DISORDERS.	812	270	373	67	102	761	260	317	96	88
PSYCHOPHYSIOLOGIC, AUTONOMIC, AND VISCERAL DISORDERS	1	1	0	0	0	0	0	0	0	0
PSYCHONEUROTIC REACTIONS.	69	34	34	0	1	42	13	28	0	1
PERSONALITY DISORDERS:										
Personality Pattern Disturbance	15	6	7	2	0	11	7	4	0	0
Personality Trait Disturbance	22	14	7	1	0	30	15	14	1	0
Antisocial Reaction	43	34	7	2	0	43	33	8	1	1
Sexual Deviation	20	20	0	0	0	18	18	0	0	0
Alcoholism (addiction)	140	111	28	1	0	88	63	20	4	1
Drug Addiction	6	4	2	0	0	4	1	3	0	0
TOTAL PERSONALITY DISORDERS	246	189	51	6	0	194	137	49	6	2
TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE	4	0	3	1	0	6	2	0	1	3
MENTAL DEFICIENCY	61	28	27	4	2	71	37	14	15	5
WITHOUT MENTAL DISORDER	2	0	2	0	0	1	0	1	0	0
GRAND TOTAL.	1712	733	694	134	151	1662	701	641	184	136

ADMISSIONS BY COUNTIES

	July 1, 1964 thru June 30, 1965					July 1, 1965 thru June 30, 1966				
	Total	WM	WF	CM	CF	Total	WM	WF	CM	CF
Alachua	21	8	10	2	1	17	6	5	3	3
Baker	2	1	1	0	0	0	0	0	0	0
Bay	64	31	25	3	5	86	32	37	9	8
Bradford	0	0	0	0	0	1	1	0	0	0
Brevard	43	17	25	1	0	39	18	11	9	1
Broward	1	0	1	0	0	0	0	0	0	0
Calhoun	21	7	12	1	1	27	13	12	1	1
Charlotte	1	1	0	0	0	3	2	1	0	0
Citrus	16	5	7	4	0	10	5	4	1	0
Clay	3	1	2	0	0	2	0	1	1	0
Collier	1	1	0	0	0	4	4	0	0	0
Columbia	10	6	1	3	0	19	8	7	2	2
Dade	3	1	2	0	0	1	0	0	0	1
DeSoto	2	1	0	1	0	1	0	0	0	1
Dixie	5	3	1	1	0	3	0	3	0	0
Duval	65	46	7	9	3	36	21	2	13	0
Escambia	146	59	61	12	14	150	62	47	21	20
Flagler	2	2	0	0	0	1	0	0	0	1
Franklin	9	4	5	0	0	17	7	8	1	1
Gadsden	72	28	18	11	15	57	19	13	13	12
Gilchrist	1	0	1	0	0	1	1	0	0	0
Glades	3	1	0	2	0	0	0	0	0	0
Gulf	18	6	9	0	3	17	9	8	0	0
Hamilton	7	4	3	0	0	4	0	1	2	1
Hardee	1	1	0	0	0	1	0	0	0	1
Hendry	3	1	0	1	1	2	1	0	1	0
Hernando	11	7	2	2	0	7	2	4	1	0
Highlands	5	0	2	1	2	3	1	0	0	2
Hillsborough	62	32	14	8	8	44	32	6	3	3
Holmes	31	19	10	1	1	35	17	16	0	2
Indian River	18	9	7	0	2	15	6	8	1	0
Jackson	111	64	26	11	10	112	54	33	10	15
Jefferson	19	8	7	2	2	10	4	5	0	1
Lafayette	4	1	3	0	0	4	1	3	0	0
Lake	33	13	18	2	0	29	9	15	5	0
Lee	10	2	2	4	2	4	1	0	2	1
Leon	106	35	42	10	19	127	49	46	17	15
Levy	11	6	5	0	0	3	2	1	0	0
Liberty	8	7	1	0	0	7	5	2	0	0
Madison	25	9	9	2	5	10	4	1	3	2
Manatee	19	4	14	0	1	21	16	5	0	0
Marion	39	18	15	0	6	51	19	22	5	5
Nassau	5	0	5	0	0	3	2	1	0	0
Okaloosa	60	30	27	2	1	44	16	21	4	3
Okeechobee	1	1	0	0	0	0	0	0	0	0
Orange	113	51	49	9	4	97	28	57	8	4
Osceola	8	3	2	1	2	12	4	5	0	3

ADMISSIONS BY COUNTIES (Continued)

	July 1, 1964 thru June 30, 1965					July 1, 1965 thru June 30, 1966				
	Total	WM	WF	CM	CF	Total	WM	WF	CM	CF
Palm Beach	0	0	0	0	0	2	1	0	1	0
Pasco	16	5	10	0	1	19	7	10	2	0
Pinellas	107	21	74	3	9	125	45	68	4	8
Polk	30	11	10	3	6	24	6	12	5	1
Putnam	25	10	11	1	3	26	11	10	2	3
Santa Rosa	26	10	14	0	2	33	15	13	2	3
Sarasota	15	4	7	0	4	22	6	10	4	2
Seminole	14	2	7	1	4	16	6	7	2	1
St. Johns	14	6	6	1	1	16	5	6	5	0
St. Lucie	0	0	0	0	0	5	2	3	0	0
Sumter	10	1	6	3	0	12	4	6	2	0
Suwannee	13	7	6	0	0	13	5	6	1	1
Taylor	27	11	11	1	4	28	18	6	3	1
Union	23	17	0	6	0	13	9	1	3	0
Volusia	67	25	37	3	2	83	34	40	5	4
Wakulla	18	8	8	2	0	18	10	4	4	0
Walton	43	16	20	4	3	31	17	9	3	2
Washington	45	25	16	0	4	39	19	19	0	1
TOTAL	1712	733	694	134	151	1662	701	641	184	136

ADMISSIONS AND SEPARATIONS

Fiscal Year	Population July 1	Admissions	Separations	Population June 30
1954-55	6,490	2,079	1,844	6,725
1955-56	6,725	2,152	2,356	6,521
1956-57	6,521	2,283	2,149	6,655
1957-58	6,655	2,242	2,217	6,680
1958-59	6,680	2,318	2,309	6,689
1959-60	6,689	2,079	2,372	6,396
1960-61	6,396	2,225	2,329	6,292
1961-62	6,292	2,243	2,429	6,106
1962-63	6,106	1,945	2,111	5,940
1963-64	5,940	2,221	2,232	5,929
1964-65	5,929	2,327	2,429	5,827
1965-66	5,827	2,278	2,459	5,646

G. PIERCE WOOD MEMORIAL HOSPITAL

ARCADIA

C. H. Adair, M.D.
Superintendent

DEPARTMENT HEADS AND MEDICAL STAFF

C. H. Adair, M.D.	Superintendent
A. P. Holloman	Assistant Superintendent, Administrative
Norman A. Twigger, M.D.**	Clinical Director
John G. Haarer, M.D.	Clinical Director
J. A. Fernandez, M.D.**	Psychiatrist
V. J. Frallicciardi, M.D.	Psychiatrist
E. R. Johnson, M.D.	Psychiatrist
R. A. Lopez, M.D.**	Psychiatrist
J. M. Metry, M.D.	Psychiatrist
E. E. Graham, M.D.**	Psychiatrist
P. J. Lense, M.D.	Psychiatrist
W. F. Chapman, M.D.**	Psychiatrist
W. C. Lyons, M.D.**	Psychiatrist
H. J. Climo, M.D.**	Psychiatrist
W. F. Storey, M.D.**	Psychiatrist
F. Castells, M.D.	Psychiatrist
G. McDermaid, M.D.	Psychiatrist
A. D. Migliore, M.D.	Physician-Surgeon
B. W. Solomon, M.D.	Physician-Surgeon
J. R. Ryan, M.D.**	Physician-Surgeon
C. E. Van Winkle, D.D.S.**	Dentist
B. B. Robeson, D.D.S.**	Dentist
L. A. Fusco, D.D.S.**	Dentist
A. E. Wiik, D.D.S.	Dentist
C. F. Clark, D.D.S.	Dentist
Isbelle Permenter	Secretary to the Superintendent
Marshall T. Whidden	Office Manager
D. M. Reed	Accountant
J. W. Earnest	Paymaster
Florida P. Trump	Cashier
J. D. McCann**	Chaplain
L. T. Fagan**	Chaplain
T. R. Doras	Psychologist
B. F. Fleetwood	Director, Social Service
B. V. Smith**	Personnel Manager

M. H. Townsend	Personnel Manager
Geneva V. Berry, R.N.	Director of Nursing Service
Eleanor L. Paisley, R.N.	Director of Nursing Education
Kathryn M. Edwards, R.N.	Operating Room Supervisor
Elizabeth S. Allgood, R.N.**	Supervisor Medical and Surgical
Dorothy Erickson, R.N.	Supervisor Medical and Surgical
Elizabeth W. Mahone, R.N.	Supervisor, Dorr Infirmary
Mabel Avant***	Supervisor, Male Receiving
Vivian Hagan, R.N.	Supervisor, Male Receiving
O. E. Harden	Supervisor, Men's Continued Treatment
M. Fagan, R.N.	Supervisor, Men's Geriatric Service
Jean A. Wood, R.N.	Supervisor, Intensive Treatment
Mary J. Hill, R.N.	Supervisor, Women's Continued Treatment Carlstrom Division
Alvie Spearman	Supervisor, Women's Continued Treatment Door Division
R. E. Lopez, R.N.**	Supervisor, Women's Geriatric Service
Verna Harden, R.N.	Supervisor, Women's Geriatric Service
John A. Walters	Director, Food Service
C. W. Edwards	Stores Manager
R. W. Thomas	Chief Engineer
W. R. Smith**	Laundry Manager
R. L. Arrington	Laundry Manager
A. A. Perez	Medical Technician
T. P. Janer, Jr.	Pharmacist
Vada Pence**	Coordinator of Volunteer Services
Marjorie Mundell	Coordinator of Volunteer Services
Robert Bateman	Director of Occupational Therapy
Don Crawford	Recreational Director
Ted Hilliard****	Vocational Rehabilitation

* Retired

** Resigned

*** Died

**** Employed by State Department of Education—Division of Vocational Rehabilitation

GENERAL INFORMATION

The G. Pierce Wood Memorial Hospital is located in DeSoto County near Arcadia with two divisions 16 miles apart—Dorr, on State Highway No. 70, 13 miles east of Arcadia, and Carlstrom, on State Highway No. 31, 7 miles southeast of Arcadia. The land and original installations at these sites, formerly used as Air Force training bases, were ceded by the U. S. Government to the State of Florida in 1946, and buildings were suitably converted for use in the care and treatment of patients in 1947. This hospital initially operated as a branch of the Florida State Hospital, Chattahoochee, until July 1, 1957, when the 1957 Legislature authorized the establishment of the hospital as a separate institution under the Division of Mental Health.

At the end of the biennium, the Carlstrom and Dorr Divisions had bed capacities of 1,253 and 671 respectively. All the patients at the Dorr Division are female and most of them are long-term treatment cases. All the new patients are admitted to the Carlstrom Division where the majority of the active and intensive treatment facilities and personnel are located. The administrative offices, surgical facilities, maintenance shops, laundry and other principal services are also located at Carlstrom. Proper administration and supervision of Dorr has been somewhat difficult due to the distance between the two.

The 1963 Legislature appropriated \$450,000.00 for the construction of 100 bed Intensive Unit at the Carlstrom Division. The same Legislature appropriated \$492,000.00 for construction of a new Occupational and Recreational Therapy Building. We also received \$116,500.00 for the renovation of a two-story ward building which had become unsafe for use in the care of patients. The entire project was substantially complete at the end of the biennium and the buildings will be ready for use early in September, 1966. These new modern facilities will do much toward the development and extension of our active treatment program.

The 1965 Legislature appropriated 2.2 million dollars for the construction at Carlstrom of wards to accommodate an additional 300 patients. This action followed an agreement between the Division of Mental Health and the Division of Mental Retardation whereby the Division of Mental Retardation volunteered to take over the administration of Dorr for the care of elderly mentally retarded patients who are considered not educable or trainable. It was agreed also that they would accept approximately 300 patients from Dorr and Carlstrom who were retarded, not psychotic, and in the older age groups.

The 1965 Legislature also appropriated \$520,000.00 for the construction of a new 100-bed unit to replace a two-story ward building at Carlstrom. The plans for this new construction were nearly complete at the end of the biennium and construction should get under way in the Fall of 1966. In addition to providing facilities for patients transferred to Dorr, this new construction should provide ideal conditions for improved intensive treatment services.

MOVEMENT OF PATIENT POPULATION

On July 1, 1964, the patient population was 1,846. On June 30, 1966, the patient total was 1,805, a loss of 41 for the biennium.

During the first year of the biennium, we admitted 1,105 patients and during the second year 1,181; a total of 2,286 for the two years. These figures include admissions in every category: court commitments, returns from trial visits, transfers from other institutions, admissions on order of certification, voluntary admissions and returns from escapes.

Separations totaled 1,114 for the first year and 1,213 the second year or a total of 2,327 for the biennium. This total includes releases on trial visits and other types of separations as detailed in Movement of Population Tables, presented elsewhere in this report.

MEDICAL DIVISION OF HOSPITAL

We continue to have difficulty recruiting doctors qualified and experienced in psychiatry for our hospital. At the end of the biennium we had five vacancies on our staff. We feel, however, that with our new construction, more active intensive treatment program and salary increases, we will be able to recruit the required doctors within the next biennium.

All types of modern psychiatric treatment are given at our hospital including drug therapy, electroshock therapy, individual and group psychotherapy, remotivation, occupational and recreational therapy. During the biennium considerable progress has been made toward the development of therapeutic teams made up of representatives from several disciplines. Further progress has been made toward the development of a truly therapeutic community.

General medical treatment is given on our wards and the more serious cases are transferred to our Medical and Surgical Building at Carlstrom where all major surgical problems are also treated.

During the biennium we added Doctor Gordon McSwain and Doctor Calvin Martin from the town of Arcadia to our consultant staff. Both these doctors have had considerable experience and special training in surgery and are currently doing most of our female surgery.

The following procedures were carried out during the biennium:

	Major	Minor
General Surgery	34	157
Orthopedic	30	31
Urological	6	31

Emergency Room Service is available and used daily in the Medical and Surgical Units at both Divisions. Employment physical examinations, spinal punctures, sternal punctures and numerous other procedures are handled through this service.

There have been no serious outbreaks of contagious or infectious diseases among our patients or employees during the period covered by the report.



NEWLY COMPLETED TREATMENT COMPLEX

DENTAL SERVICES

The Dental Department has two full-time dentists and two dental assistants under the supervision of the Chief of Dental Services for State Institutions. One dentist spends two days a week at Dorr and provides complete dental services to the patients there as required. Since all admissions are at Carlstrom, the majority of the dental work is done there. During the biennium, approximately 12,000 examinations were conducted in all phases of dental care. With this arrangement, each patient is assured adequate treatment while in the hospital.

NURSING SERVICES

The Nursing Service Department, the largest department in the hospital in number of personnel, has 590 full-time employees. Unfortunately there has continued to be a shortage in personnel and many positions for staff nurses are still unfilled.

To prepare the psychiatric aide as thoroughly as possible, their in-service programs have been reviewed and the initial course offered the new aide has been increased to eighteen hours to provide an opportunity for concentrated supervised clinical practice. In addition to ongoing programs, the Director of Nursing Education is in the process of developing advanced programs for those who have demonstrated interest and enthusiasm in their job.

The in-service program has been extended to include the registered professional nurse. To give the new nurse a sense of security and introduce her to the physical environment of the hospital and the duties to be performed, a two-weeks orientation program has been developed. In addition, regular monthly meetings are scheduled to plan for improvement of patient care and for the discussion of problems and activities involved in nursing practice.

To promote continuity of care on an individual basis, the patient-centered approach is stressed in the Intensive Treatment areas and the Medical and Surgical area. Patient care plans are written and evaluated regularly, thus establishing better channels of communication between the various categories of workers involved in the care of each individual patient.

Nursing procedure and policy manuals, completed and distributed to all areas, have proved helpful in keeping the standards of performance on a safe and effective level. Manuals are kept current and a complete evaluation of all procedures will be made annually by the procedure committee.

Fire and safety regulations have been developed in each area of the hospital and monthly fire drills are conducted on all shifts. Following the drills, the area supervisor holds an evaluation conference with her personnel.

Many of our nurses have attended institutes, meetings and workshops during the past biennium. A grant was given to one of our staff nurses to attend a workshop at the University of Maryland on "Aspects of Group Patient Care in the State Mental Hospital".

CLINICAL LABORATORY

Since the past biennium, there has been a considerable increase both in the total number and the various types of procedures performed in the laboratory due to the overall increase of our patients.

The hospital operates two laboratories, one each at Dorr and Carlstrom. We have on our staff at the present time 3 laboratory technicians on a full-time basis. Among the procedures performed are urinalyses, hematology, parasitology, bacteriology and most of the new bio-chemical analyses.

Routine examinations on all patients are done consisting of examinations of blood, urine, stool and routine serological tests with special tests done upon special requests from the physician.

Services of the pathologist are available for studies such as tissues removed in surgery, bone marrow studies, pap smears, etc.

Tests performed during the biennium:

Bacteriology	1,971
Serology	4,692
Hematology	11,382
Chemistry	10,483
Parasitology and Urinalysis	20,781
Miscellaneous	<u>1,206</u>
TOTAL	50,461

PSYCHOLOGY DEPARTMENT

During this biennium, the Psychology Department consisted of a Chief Clinical Psychologist, one Staff Clinical Psychologist and a Psychological Aide. Two staff clinical positions remained vacant.

The primary duty of the Clinical Psychologist is to conduct intensive personality evaluations. Intensive studies are made on referral from the attending psychiatrist. It is the responsibility of the Clinical Psychologist to administer selective psychological tests, interpret the results and forward a comprehensive written report to the referring source.

Some of the reasons for referral are diagnostic difficulties and complications. At times personality dynamics are needed in order to have a more lucid understanding of the patient's present condition and premorbid personality structure. This is frequently desired by the psychiatrist so that he may plan a course of therapy. Evaluations frequently assist in determining what variety of therapeutic modalities will be utilized. Another reason for referral is to obtain a comprehensive intellectual evaluation of certain retarded individuals. A psychological examination is frequently needed for transfer to a training school and in some cases is required in the vocational planning of a patient, prepared with the cooperation of the Vocational Rehabilitation Counselor. We can group the reasons for psychological referral into three main categories: diagnostic aid, therapeutic aid and planning aid.

In addition to psychological examinations, individual and group psychotherapy absorbs considerable time of the Clinical Psychologist. At present we have both female and male open-end groups that meet twice a week for one-hour sessions. We attempt to limit the groups to a minimum of six and a maximum of nine members. Due to our large patient population and tremendous turnover, individual psychotherapy is not a very practical method. We emphasize the group approach and find that it has considerable diagnostic and therapeutic value.

Another important aspect of the Clinical Psychologist's role is his participation in in-service training and educational programs. Clinical Psychologists are available to all other clinical departments for consultation.

Staff Clinical Psychologists are required to participate in both diagnostic and planning staff meetings. The Chief Clinical Psychologist, attends all scheduled patient discharge conferences.

X-RAY DEPARTMENT

The X-ray Department, under a Medical Director, consists of two technicians, one at Dorr and another at Carlstrom.

Chest X-rays are made on every new commitment and on every new employee, and then repeated annually for all patients. All fluroscopic studies and special procedures, as I. V. Pyelograms and Gall Bladders, are done at Carlstrom. Dorr handles diagnostic work only.

If any emergency arises, there is always a technician on call and within minutes of the hospital.

The following is a list of the work accomplished:

X-rays (total	6,811
Chest	4,867
Extremities	642
G-I Series	50
I-V Pyelograms	33
Barium Enemas	29
Barium Swallows	4
Gall Bladders	32
All Others	1,154

PHARMACY

The Pharmacy and Therapeutics Committee, consisting of the Clinical Director, the pharmacist and three physicians, appointed by the Superintendent, meets on a quarterly basis to serve as the liaison between the medical staff and the pharmacy, and to develop and review the Hospital Formulary at each meeting. During the past biennium, eighty new pharmaceuticals were presented to the Committee for evaluation and thirty-one of the drugs were added to the Hospital Formulary. The pharmacist, with the guidance of the Committee, is responsible for the specifications as to quality, quantity and the source of supply of all the drugs. As a re-

sult of this fine cooperation between the medical staff and the pharmacy, each patient is afforded the best care and protection.

ELECTROENCEPHALOGRAPHY

The Electroencephalograph Department has continued to expand in patient volume, with this service used as a diagnostic aid in patient evaluation.

Although many new commitments are tested in this department, it is not a routine procedure. The patients are received on a referral basis. Requests for this service include evaluation for convalescent or suspected convalescent disorders, organic lesions, trauma and new growths; also, evaluation of organic involvement relating to alcoholism, cortical vascular disturbances and other disorders of the central nervous system.

The operation of the electrocardiograph is now connected with the Electroencephalograph Department. There has been an increase in the number of patients referred to this department for both electroencephalograms and electrocardiograms during the last biennium.

Patients tested during the biennium:

E. E. G.	654
E. K. G.	765

OCCUPATIONAL THERAPY DEPARTMENT

During this biennium, we employed a highly qualified and registered therapist as Director of this Department and also a well qualified Assistant Director. Within a few months we will open our new Occupational Therapy Building where we plan to develop an Occupational Therapy Program as part of our Intensive Treatment Activity. Our new Occupational Therapy Building will offer a modern, well equipped treatment area for patients of all ages and diagnostic categories. The functional design of the facility lends itself to meeting patient needs through the wide variety of structured activities which will be offered, as well as an excellent atmosphere for group work and close patient therapy relationships.

SOCIAL SERVICE

The purpose of Social Service in a medical setting is to assist psychiatrists and other members of the therapeutic team in enabling our patients to make full use of medical care in order to achieve the fullest possible physical, emotional and social adjustment. In order to achieve this mission, the Social Worker's work is divided into three phases: admission, hospitalization and release planning.

In diagnostic and treatment planning, it is essential to have information from relatives, friends and community agencies concerning the patient's symptoms, behavior, development, attitudes and relationships with their families and communities as well as reports of previous sicknesses and treatment. This information is obtained

by our Social Workers in interviews with relatives when patients are admitted to the hospital and later on during hospitalization. When a patient is not accompanied by relatives, a Social History Questionnaire is mailed to the relatives or community agencies.

During the period of hospitalization, casework service is available to the patients and their families. This is valuable in relieving anxieties and fears when crises arise within the families. Interpreting mental illness to the families of our patients is also an important aspect in social work.

The final phase of service that our department renders is in relation to release plans. Through work with the patient, family, community agencies and Vocational Rehabilitation Service, we have been able to release many patients who may have otherwise remained in the hospital. In many cases, adjustment in the community has been facilitated by referral to appropriate community agencies.

During the last biennium, we have worked very closely with the Florida Department of Public Welfare in placing geriatric patients in Foster and Nursing Homes. From the standpoint of the adjustment of these patients, the project has proven to be successful, pointing up the need for more homes of this type for geriatric patients.

We have presently four social workers, including the Director. There are four vacancies in this department.

VOLUNTEER SERVICE

During this biennium, counties in this vicinity have shown an increased interest in both the patients and hospital which may be attributed to more effective distribution of Volunteer information, personal contact, correspondence and co-operation with or from Mental Health Associations.

The Volunteer Service works closely with and is aided by the Recreation Department by its participation at parties and furnishing of needed recreational equipment to the Volunteer Service.

The Volunteer Service cooperates with the Chaplain in scheduling and planning for church groups other than the regular worship services.

Christmas, 1965, showed a substantial increase, both in gifts and monetary contributions, supplied mainly by Mental Health Associations in this area, but with many substantial contributions from church, fraternal, civic and other organizations. It was rewarding to know that each patient received several gifts. The Christmas season was a time of many extra events in the life of the patient, including parties, cantatas, Glee Clubs, concert bands, quartets, orchestras for dancing, religious programs and other activities.

The clothing room, which can provide most items of clothing for both men and women, has been of real therapeutic value to the patients. This service provides each patient with an opportunity to select clothing suited to his individual preference from new and used clothing, generously furnished by many organizations and individuals.

The patient library is supplied with most of the necessary items needed for this facility. Each year a national organization provides subscriptions to many popular magazines, with private donations supporting subscriptions to daily and weekly newspapers of the area.

Services to the 155 men and women veterans in the hospital have been amply supplied by many Veterans organizations and their auxiliaries, mainly through money, luxury items, clothing and entertainment.

The Volunteers, who serve this hospital in various capacities by giving of their time, talent and friendship to the patients, serve weekly, monthly and intermittently.

RECREATIONAL THERAPY DEPARTMENT

During this biennium, the Recreational Therapy Department has improved and increased its services to the patients despite the need for further professional positions and has begun an internship program for students from the University of Florida which is a worthwhile addition to its activities. Dance classes, glee clubs and music appreciation were added to activities already available to our patients such as swimming, athletics, calisthenics, dances, parties, table games and movies. In addition, an October Educational Program, consisting of patient projects, field trips, etc., was initiated and received with a great deal of enthusiasm by the patients.

The Recreational Department continues to be divided into three basic parts: Prescribed Reaction, Prescribed Special and General. We are looking forward to a very much improved program resulting from the new Recreational Building to be opened within the next two or three months.

Goals and objectives remain essentially the same as stated in the last biennial report:

1. To provide activities and encourage patient participation in recreational activities and to improve the interpersonal relationships between patients and staff.
2. To work with the doctors and other ancillary services toward rehabilitation of the individual patient.
3. To improve the general physical condition of the patient through prescribed physical activity.
4. To provide wholesome recreation for the purpose of patient enjoyment.

VOCATIONAL REHABILITATION

During the biennium, the Division of Vocational Rehabilitation of the State Department of Education has furnished us with the services of a Vocational Rehabilitation Counselor and a full-time secretary, in close contact with 15 District Rehabilitation Offices throughout Florida who provide follow-up services to patients being released from State hospitals. Services ranging from counseling and vocational guidance to medical services, to paying for an entire vocational training course are available. There are approximately 150 counselors throughout Florida to help im-

plement the vocational planning done by the patient and the Hospital Counselor. Through several studies done by the Division of Vocational Rehabilitation, it has been shown that a person receiving VR services is far less likely to be returned to the hospital than a patient who leaves the hospital on his own. The availability of the Counselor for the patient to relate to on the "outside", the provision of visits to a psychiatrist as needed, and the actual training in business school, barber college, etc., or placement directly on a job have proven their value with innumerable successes. Therefore, an attempt should be made to at least expose everyone leaving a State hospital to the availability of such services. Whether the person chooses to afford himself of rehabilitation vocationally is of course his individual decision. This depends upon his motivation to a large extent.

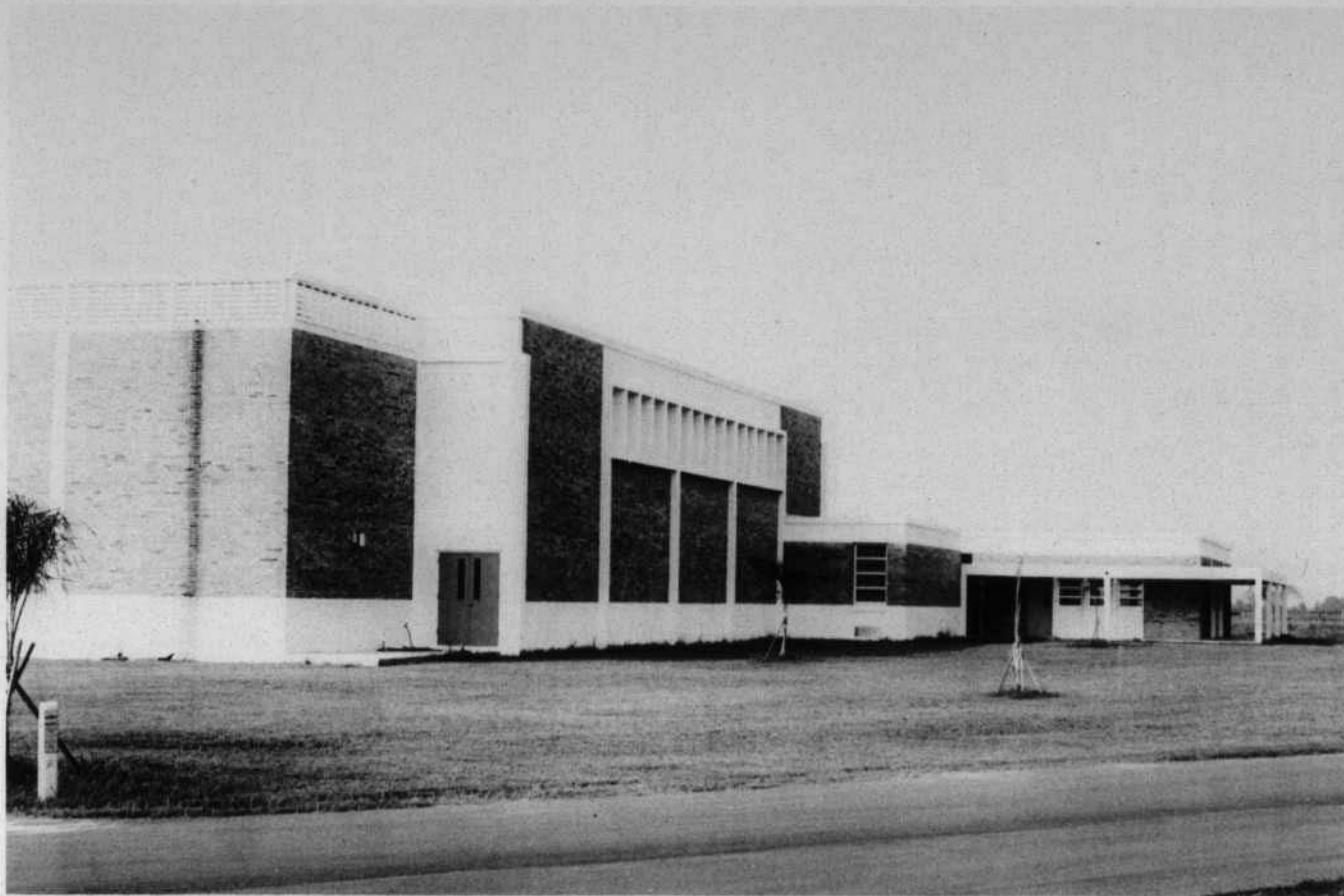
Developing the motivation to leave a State hospital and to become independent and self-supporting presents realistic handicaps. Therefore, with just one counselor available, as at the G. Pierce Wood Memorial Hospital, it is better to concentrate upon the short-term patient. Every feasible patient is interviewed following the diagnostic staffing. Through counseling, guidance, testing, consultation with the other ancillary services and under the physician's supervision, a rehabilitation case file is made up. Included, along with the above, are the goals, ambitions and interests derived from the subsequent interviews with the patient. A patient's performance in the Industrial Therapy Program becomes his only proving ground, since we do not have a standardized evaluation procedure here as yet, so this is often a very important part of his vocational rehabilitation prognosis. These then are the files that are sent out to the "home district" where our general caseload counselors follow up with job placement, counseling, medical services and training, as suggested by the hospital plan.

During the last year the Counselor received 431 referrals and 202 cases were referred by our Counselor to various community agencies. This kind of record could never have been achieved without very close working relationships with Industrial Therapy, Social Service and Psychology, as well as weekly reviews with the staff physicians.

CHAPLAINCY

Our hospital has a full-time Chaplaincy Program directed by a Chief Chaplain, aided by a Staff Chaplain, which provides interfaith services at both Carlstrom and Morr. This program entails planning and coordinating the volunteer service of the local Roman Catholic priest, Episcopalian priest and Jewish rabbi. It also includes the integration of the Ward Adoption Program which has been established. Local churches volunteer to adopt a ward in one of the units and for their laymen to visit their ward once a month on a strictly fellowship basis.

On Sundays, the Chaplains conduct morning worship services on a non-denominational basis. On Wednesdays, they conduct vesper services. They visit patients who are put on the "Seriously Ill" list and participate in the Diagnostic and Competency Staff Conferences. On a referral basis, the Chaplains conduct counseling sessions with the alcoholic patients and serve as the liaison person with Alcoholics Anonymous for the hospital. The Chaplains conduct choir practice and have the responsibility with the doctors of the assigning patients to the choir.



RECREATION COMPLEX RECENTLY COMPLETED

Our Chaplains are members of the DeSoto County Ministerial Association and participate in their activities. The Ministerial Association holds one meeting a year at the hospital and a tour of the hospital is provided for the ministers.

PERSONNEL DEPARTMENT

The Personnel Department screens applicants and maintains records for all departments of the hospital. All applicants are interviewed, tested and evaluated before referral to the different areas of the hospital. If accepted by a supervisor for employment, the future employee is returned to Personnel for the necessary data forms and affidavits to be completed for a physical examination and fingerprinting. The applicant is processed through payroll records after the above procedures are completed.

All telephone calls and correspondence concerning credit and employment references are referred to Personnel for processing. The personnel records are adequate and current with pertinent information and necessary evaluations of each employee.

During the past biennium, a Complaint and Grievance Committee was established with the Personnel Director as the coordinator. It is felt that this Committee has been a great benefit to the hospital. The Personnel Director interviews all employees who terminate, transfer or resign. In this biennium, the Personnel Department processed 883 applicants for employment, or an average of 36.8 employees each month. A total of 858 employees terminated, which is a monthly average of 35.8.

MAINTENANCE DEPARTMENT

This department, under our Chief Engineer, is responsible for the maintenance and operation of our two hospital Divisions, consisting of a total of 86 major buildings. It provides the daily living necessities for patients including light, heat, power, water, sewage and transportation, operates a garage which keeps in operation 17 vehicles, including two buses running continuous schedules between the two Divisions and the town of Arcadia, and also handles disposal of all refuse, which is disposed by the land fill method. All buildings are serviced at regular intervals for the control of insects and rodents. In the case of our hospital, all these facilities must be provided in duplicate as the Divisions are 16 miles apart.

The construction of new buildings with modern, expensive equipment such as air conditioning units, new, modern laundry equipment, etc., requires expert staff for maintenance. This department needs more highly qualified technicians in order to provide proper service.

FIRE DEPARTMENT

Our Fire Department consists of a Fire Chief and 14 volunteer firemen who are regularly employed in other departments at the hospital. The department has regular drills and instructs other personnel at the hospital in the use of fire fighting equipment which each building has available.

During this biennium, the Fire Department has maintained all first aid and fire equipment throughout the hospital buildings. Fire extinguishers are placed in all buildings and are recharged and tested regularly. Fire hose is readily available and all personnel are shown how to use it so as to be able to aid the volunteer firemen. During the biennium our total fire loss has been \$500.00. This amount includes damage to patients' clothing and damage to buildings.

LAUNDRY

Our new laundry began operating on February 9, 1965. Major equipment consists of two water softening tanks, one lint control machine, five 375 lb. washer extractors, two 50 lb. washer extractors, five 100 lb. dryers, one 6 and one 8 roll ironer with automatic folders. We are using four utility and one shirt press units.

We processed 5,087,451 lbs. of laundry for distribution at a cost of \$.0382 per lb. This is for a 17-months period.

SECURITY SECTION

The duties of this section consist of securing hospital properties, fingerprinting of all personnel and the regulation of parking and vehicle traffic as it applied to the safety of patients and personnel. A constant fire patrol is maintained during night hours. A special duty is performed at visiting time to assist and oversee the well-being and safety of the patients.

INDUSTRIAL THERAPY

With the employment of an Industrial Therapist at the beginning of this biennium, the Industrial Therapy Program has expanded significantly. Whereas at the beginning of this period approximately 200 patients were participating in the Industrial Therapy Program, there are currently about 500 patients involved. Of greater significance is the turnover rate, which has increased to an average of about 95 patients per month.

During this period, the Industrial Therapy Program was also established at Dorr, increasing work areas to 38 general classifications. Despite the expansion of the program during this biennium, an effort has been made to provide a high degree of personalized attention to the individual patients assigned to the Industrial Therapy Program by personally interviewing each patient and changing job assignment as necessary, and frequently visiting the work areas and maintaining close liaison with the Vocational Rehabilitation Department on individual patients.

In summary, the Industrial Therapy Program at this hospital has come a long way during this biennium by becoming an increasingly important factor in the treatment of patients in conjunction with the other disciplines.

DIETARY DEPARTMENT

The Dietary Department under a Director of Food Service, aided by three stewards, services two kitchens and a cafeteria at Carlstrom and a kitchen and a cafeteria at Dorr at a raw food cost of \$989,147.86 for the biennium.

During the biennium, through an identically prepared menu for both patients and employees, a daily average of 5,564 meals were served to patients and 337 meals were served to and paid for by employees and visitors.

Geriatric service and medical-surgical patients are served in dining rooms adjacent to the wards with food transported in stainless steel, electrically heated conveyors; all other patients, all employees and visitors are served cafeteria style in centralized serving rooms. An additional employee dining room was opened during the biennium.

MOVEMENT OF PATIENT POPULATION

	July 1, 1964 to June 30, 1965	July 1, 1965 to June 30, 1966
ADMISSIONS:		
On New Commitment from County Courts	751	797
Certifications	66	101
Voluntary Admissions	15	19
Returned from Trial Visit	255	253
Returned from Escape	4	4
Transferred from Other Divisional Hospitals	8	0
Admitted while on Trial Visit from Other Divisional Hospitals	2	1
Transferred from Non-Divisional State Institutions	0	1
Other	4	5
TOTAL ADMISSIONS	1,105	1,181
SEPARATIONS:		
Released on Trial Visit	612	576
Discharges:		
By Staff.	200	257
For Transfer to V. A. Hospitals	4	6
For Transfer to Other States	17	20
Certified Patients	63	87
Voluntary Patients	14	18
Transfers to Other Divisional Hospitals	2	5
Escaped	7	8
Patients Died	180	227
Other	15	9
TOTAL SEPARATIONS	1,114	1,213
Net Decrease in Population	-9	-32
POPULATION BEGINNING OF PERIOD	1,846	1,837
POPULATION END OF PERIOD	1,837	1,805
AVERAGE NUMBER OF PATIENTS	1,836	1,823

PSYCHOSES OF ADMISSIONS

	July 1, 1964 thru June 30, 1965					July 1, 1965 thru June 30, 1966				
	Total	WM	WF	CM	CF	Total	WM	WF	CM	CF
ACUTE BRAIN SYNDROMES:										
Alcohol Intoxication	2	1	1	0	0	0	0	0	0	0
Drug or Poison Intoxication	2	2	0	0	0	0	0	0	0	0
All Other Conditions	1	0	1	0	0	1	1	0	0	0
TOTAL ACUTE BRAIN SYNDROMES	5	3	2	0	0	1	1	0	0	0
CHRONIC BRAIN SYNDROMES:										
Diseases and Conditions due to Prenatal Influence	0	0	0	0	0	2	2	0	0	0
Meningoencephalitic Syphilis	1	1	0	0	0	0	0	0	0	0
Other CNS Syphilis	0	0	0	0	0	1	1	0	0	0
Epidemic Encephalitis	1	1	0	0	0	0	0	0	0	0
Other Intracranial Infections	1	1	0	0	0	2	1	1	0	0
Alcohol Intoxication	32	17	15	0	0	24	14	9	1	0
Drug or Poison Intoxication	1	1	0	0	0	1	0	1	0	0
Birth Trauma	3	1	2	0	0	8	3	3	1	1
Other Trauma	14	6	8	0	0	14	9	3	1	1
Cerebral Arteriosclerosis	150	77	73	0	0	107	75	17	12	3
Other Circulatory Disturbance	24	13	11	0	0	31	20	7	1	3
Convulsive Disorder	21	11	10	0	0	22	10	11	0	1
Senile Brain Disease	39	18	21	0	0	95	23	59	7	6
Other Disturbance of Metabolism, Growth, and Nutrition	5	2	3	0	0	3	1	1	1	0
Intracranial Neoplasm	0	0	0	0	0	1	1	0	0	0
Diseases of Unknown and Uncertain Cause	5	2	3	0	0	8	2	4	1	1
Chronic Brain Syndromes of Unknown Cause	7	4	3	0	0	6	3	1	1	1
TOTAL CHRONIC BRAIN SYNDROMES	304	155	149	0	0	325	165	117	26	17
PSYCHOTIC DISORDERS:										
Involutional psychotic reaction	27	6	21	0	0	32	8	21	0	3
Manic Depressive Reactions	39	15	24	0	0	39	21	18	0	0

PSYCHOSES OF ADMISSIONS (Continued)

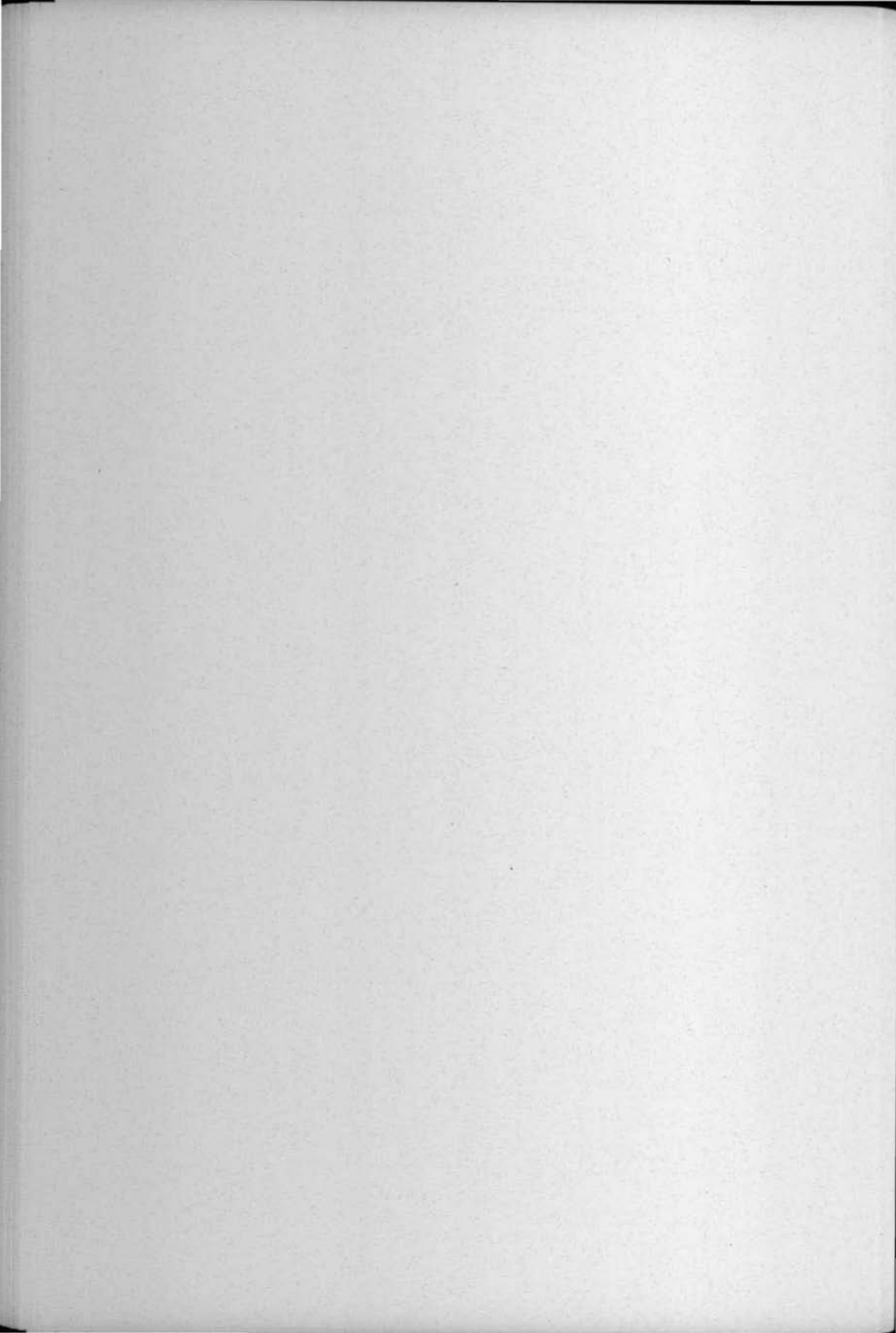
	July 1, 1964 thru June 30, 1965					July 1, 1965 thru June 30, 1966				
	Total	WM	WF	CM	CF	Total	WM	WF	CM	CF
PSYCHOTIC DISORDERS (Continued)										
Psychotic Depressive Reaction	25	2	23	0	0	23	2	20	0	1
Schizophrenic Reactions	211	85	126	0	0	238	79	125	15	19
Paranoid Reactions	2	1	1	0	0	4	2	2	0	0
TOTAL PSYCHOTIC DISORDERS	304	109	195	0	0	336	112	186	15	23
PSYCHOPHYSIOLOGIC, AUTONOMIC, AND VISCERAL DISORDERS	2	1	1	0	0	0	0	0	0	0
PSYCHONEUROTIC REACTIONS	58	22	36	0	0	71	20	48	3	0
PERSONALITY DISORDERS:										
Personality Pattern Disturbance	13	9	4	0	0	9	8	1	0	0
Personality Trait Disturbance	26	15	11	0	0	21	11	9	1	0
Antisocial Reaction	14	10	4	0	0	18	15	3	0	0
Dyssocial Reaction	7	3	4	0	0	3	0	3	0	0
Sexual Deviation	8	8	0	0	0	1	1	0	0	0
Alcoholism (addiction)	28	16	12	0	0	69	42	18	7	2
Drug Addiction	3	1	2	0	0	8	3	5	0	0
TOTAL PERSONALITY DISORDERS.	99	62	37	0	0	129	80	39	8	2
TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE	17	12	5	0	0	7	4	2	0	1
MENTAL DEFICIENCY	43	22	21	0	0	50	17	22	4	7
GRAND TOTAL.	832	386	446	0	0	919	399	414	56	50

ADMISSIONS BY COUNTIES

	July 1, 1964 thru June 30, 1965					July 1, 1965 thru June 30, 1966				
	Total	WM	WF	CM	CF	Total	WM	WF	CM	CF
Baker	1	0	1	0	0	0	0	0	0	0
Brevard	3	1	2	0	0	3	2	1	0	0
Broward	1	1	0	0	0	0	0	0	0	0
Charlotte	22	12	10	0	0	16	8	8	0	0
Citrus	7	3	4	0	0	0	0	0	0	0
Collier	5	2	3	0	0	16	8	7	1	0
Dade	0	0	0	0	0	48	28	15	5	0
DeSoto	23	6	17	0	0	34	17	14	1	2
Escambia	0	0	0	0	0	1	1	0	0	0
Gilchrist	0	0	0	0	0	1	1	0	0	0
Glades	2	2	0	0	0	2	1	0	1	0
Hardee	35	19	16	0	0	20	11	6	3	0
Henry	2	2	0	0	0	12	7	5	0	0
Hernando	8	4	4	0	0	8	2	4	2	0
Highlands	22	10	12	0	0	33	14	13	2	4
Hillsborough	313	134	179	0	0	280	109	146	11	14
Indian River	1	0	1	0	0	2	1	1	0	0
Lake	0	0	0	0	0	2	0	2	0	0
Lee	49	23	26	0	0	62	24	30	5	3
Leon	1	1	0	0	0	0	0	0	0	0
Manatee	16	8	8	0	0	13	6	4	1	2
Marion	1	1	0	0	0	0	0	0	0	0
Okeechobee	4	0	4	0	0	12	7	3	1	1
Orange	1	1	0	0	0	2	2	0	0	0
Osceola	5	0	5	0	0	8	3	4	1	0
Pasco	25	11	14	0	0	21	8	9	2	2
Pinellas	111	57	54	0	0	91	34	43	7	7
Polk	107	60	47	0	0	124	68	39	11	6
Sarasota	64	26	38	0	0	77	29	43	1	4
St. Johns	0	0	0	0	0	1	0	1	0	0
St. Lucie	2	1	1	0	0	25	7	13	1	4
Sumter	1	1	0	0	0	3	0	2	0	1
Volusia	0	0	0	0	0	2	1	1	0	0
TOTAL	832	386	446	0	0	919	399	414	56	50

ADMISSIONS AND SEPARATIONS

Fiscal Year	Population July 1	Admissions	Separations	Population June 30
1954-55	1,228	384	311	1,301
1955-56	1,301	691	444	1,548
1956-57	1,548	719	644	1,623
1957-58	1,623	631	657	1,597
1958-59	1,597	688	652	1,633
1959-60	1,633	718	688	1,663
1960-61	1,663	790	741	1,712
1961-62	1,712	930	837	1,805
1962-63	1,805	965	942	1,828
1963-64	1,828	1,093	1,075	1,846
1964-65	1,846	1,105	1,114	1,837
1965-66	1,837	1,181	1,213	1,805



SOUTH FLORIDA STATE HOSPITAL
HOLLYWOOD

R. H. Parks, M.D.
Superintendent

DEPARTMENT HEADS AND MEDICAL STAFF

R. C. Eaton, M.D.**	Superintendent
R. H. Parks, M.D.	Superintendent
J. D. Utley, M.D.**	Clinical Director
A. denBreeijen, M.D.	Acting Clinical Director
W. E. Verge	Assistant Superintendent Administrative
B. S. Sloan, M.D.	Chief of Psychiatric Service
P. G. Lever, M.D.**	Chief of Psychiatric Service
M. J. Mayol, M.D.	Acting Chief of Psychiatric Service
J. D. Utley, M.D.	Chief of Follow-up Clinic
R. Frei, M.D.	Director of Children's Unit
A. Akomer, M.D.	Psychiatrist
H. J. Climo, M.D.	Psychiatrist
L. E. Graubard, M.D.	Psychiatrist
J. R. Hague, M.D.	Psychiatrist
E. R. Hahn, M.D.	Psychiatrist
G. O. Hallman, M.D.	Psychiatrist
J. B. Kartub, M.D.	Psychiatrist
C. Martinez, M.D.	Psychiatrist
F. P. Murphy, M.D.**	Psychiatrist
I. S. Pantaleon, M.D.	Psychiatrist
J. A. Sanchez, M.D.**	Psychiatrist
E. Subias, M.D.	Psychiatrist
J. R. Gordon, M.D.	Surgeon
A. Friend, M.D.	Physician
J. W. Davidson, D.D.S.**	Dentist
C. D. Aftoora, D.D.S.**	Dentist
W. C. Wolf, D.D.S.	Dentist
E. Salerno, R.Ph.	Pharmacist
J. deMoya, M.D.	Chief Medical Technician
G. Frechtel, R.N.	Director of Nurses
D. H. Alberts, MSW	Director of Social Service
J. J. Brockwell, Ph.D.	Chief of Psychology
A. R. Krall, Ph.D.**	Biochemist
R. A. Prettyman, M.A.	Chief Recreational Therapy
A. B. Krul, OTR	Chief Occupational Therapy

O. Perrin	Industrial Therapy
F. West****	Vocational Rehabilitation
L. F. Ballou	Chaplain
J. L. Hayes	Coordinator Volunteer Activities
J. S. Evans	Director of Personnel
J. I. Peyser	Accountant
E. M. Haizlett	Dietitian
M. W. Lockhart	Maintenance Superintendent
C. G. Rogers	Laundry Supervisor
K. S. Gaither	Head Housekeeper
R. G. Loder	Supply Clerk

VISITING STAFF

B. Alpert, M.D.	Electroencephalography
A. Galluccio, M.D.	Radiologist
M. Zbar, M.D.	Pathologist
J. Hopen, M.D.	Ophthalmologist
A. Hollander, M.D.	Urologist
J. Gurri, M.D.	Psychiatrist (Training)
S. Shafey	Neurologist

** Resigned

**** Employed by State Department of Education, Division of Vocational Rehabilitation



TREATMENT COMPLEX OPENED IN 1966

GENERAL INFORMATION

The South Florida State Hospital was opened March 1, 1957. It is situated in a metropolitan area with a population of about 2,000,000 people on the southeast coast of Florida in West Hollywood, Broward County. Formerly, this hospital took patients from eight counties but because of overcrowding, three counties were assigned to other hospitals during the last biennium. Counties now being served include Martin, Palm Beach, Broward, Dade and Monroe.

On June 30, 1966, the census was 1460. Over the past year 270 new beds were added. The final six 30-bed wards will be opened by February 1967 so that the final bed capacity will be 1756.

The 1965 Legislature appropriated money for a 48-bed unit for psychotic children. Plans for this are almost completed and it is hoped that the children's unit will be in operation by January 1, 1968.

The hospital's proximity to populous areas makes it well suited to participate in a community mental health program. Along with this growing trend to provide more liberal services for the mentally ill, our Follow-up Clinic for trial visit patients has steadily increased and this clinic is now seeing approximately 200 patients a month. A pilot project was undertaken to establish the feasibility of a day care unit at South Florida State Hospital. We are presently applying for federal funds to provide a continuing day care center.

Despite new construction, this hospital continues to have difficulty in eliminating the admission waiting lists since the population in this area is mounting rapidly. Two groups of patients are the chief problem in this respect: (1) the geriatric group and (2) those individuals who have criminal charges pending. The problem of how to care for the aged patient with psychiatric symptoms is no doubt nationwide. The difficult problem of caring for patients with criminal charges is emphasized here since we have one 20-bed maximum security building for males and over 100 court hold cases scattered throughout the hospital. Escape in a metropolitan area is easier than in the more rural areas of the other three hospitals, unless our security precautions are marked. The modern aim in treatment is to have as many open wards as possible, but the large number of criminal cases requires more closed wards than would be necessary under normal conditions.

Though many of our services have been integrated for some time, complete integration on all areas came about in the Summer of 1965.

During the latter part of the biennium the hospital was surveyed and certain areas approved for recipients of Medicare. A survey by the Joint Commission on Accreditation of Hospitals was completed and the hospital has been approved for accreditation.

MOVEMENT OF PATIENT POPULATION

During the biennium, 2775 patients were admitted, 1450 the first year and 1325 the second year. This includes transfers, court commitments, voluntary admissions and returns from trial visit.

Separations from the hospital were 1418 the first year and 1310 the second year for a total of 2728. This includes competency discharges, trial visits, deaths, escapes and transfers.

The population increased by 32 in the first year and 15 in the second year or a 47 increase for the biennium. In the first year of the biennium, the average length of stay for patients over 65 years old was 680 days, for patients under 65 it was 252 days. During the second year of the biennium, the average length of stay for patients over 65 was 978 days and for patients under 65 it was 228 days. Patients admitted for their first psychiatric hospitalization stayed an average of 153 days the first year and 122 days the second year.

The Follow-up Clinic continued to provide outpatient treatment for patients released on trial visit and who are unable to afford private psychiatric care. During the biennium, 614 patients (constituting 68% of all patients placed on trial visit) were referred to follow-up.

Detailed information concerning population movements can be obtained from the charts included in this report.

PSYCHIATRIC SERVICE

Although the actual number of psychiatrists on the staff remained fairly constant (15 psychiatrists in addition to the Superintendent and the Clinical Director), during the past biennium, a number of them resigned to enter private practice. Psychiatric residents continue to work at the South Florida State Hospital for three months as part of their psychiatric training under the auspices of the Institute of Jackson Memorial Hospital. The physicians are allowed as much professional freedom in their choice of treatment as possible while high standards are maintained by review conferences on all areas in which members of all clinical services can participate. In addition to these conferences which are of considerable educational value, Dr. Jose Gurri, Assistant Professor in Psychiatry at the University of Miami School of Medicine, continues to conduct psychiatric seminars. Dr. Sherif Shafey, Instructor, Department of Neurology, Clinical Director of Cerebral Vascular Service, Coordinator of Teaching and Training Program at Jackson Memorial Hospital conducts neurology conferences monthly for the medical staff.

Treatment is tailored to the needs of the individual patient using a wide variety of therapeutic methods. In addition to psychotropic drugs which some 75% of our patients receive, the patients participate in group therapy, psychodrama, individual psychotherapy, social casework, vocational counseling, educational rehabilitation, occupational therapy, recreational therapy and industrial therapy. The amount of psychotherapy is, of course, limited by the individual caseload.

As much of the impact of the psychiatrist on the patient is through nurses, aides and ancillary services; an inservice training program is preparing an increasing number of employees for their interaction with the patient population.

In view of the fact that many psychotics most of the time are on the surface relatively undisturbed, a large number of our patients are given a considerable

amount of freedom inducing them to accept as much responsibility as possible. While keeping in mind its protective function for both patient and society, the hospital sees to it that the patient is kept in touch with his family and community as much as possible.

MEDICAL-SURGICAL SERVICE

If somatic illness occurs the patient is referred to the Medical-Surgical Service. Often the patients can be treated in the clinic and a breakdown of the procedures there during the biennium is as follows:

Clinical Procedures

	<u>1964-65</u>	<u>1965-66</u>	<u>Total</u>
Patients treated	1671	1506	3177
Minor surgery	101	88	189
Fractures and casts	9	9	18
Biopsies and smears	137	147	284
Lumbar punctures	313	271	584
Immunizations	2905	2371	5276
Pre-employment physical examinations	354	634	988
Employees examined or given emergency treatment	484	480	964
	<u>5974</u>	<u>5506</u>	<u>11,480</u>

In more serious cases the patient is transferred to the medical, surgical and neurological wards, totaling 104 beds. The average census there has been 85 patients per day during the biennium. Transfers averaged 26 patients per month to the medical ward, 34 patients per month to the surgical ward and 6 patients per month to the neurological ward.

The Operating Room has been used as follows:

	<u>1964-65</u>		<u>1965-66</u>		<u>Total</u>
	Major	Minor	Major	Minor	
Bronchoscopy	—	3	—	—	3
Esophagoscopy	—	1	—	—	1
Dental	—	3	—	—	3
Ophthalmology	4	2	3	—	9
General	35	60	50	32	177
Urology	16	99	13	52	180
Orthopedic	4	1	1	1	7
Obstetrics	7	—	7	—	14
	<u>66</u>	<u>169</u>	<u>74</u>	<u>85</u>	<u>394</u>

The Tissue Committee reviewed 219 tissue reports of 181 patients in 1964-1965, and 157 tissue reports of 134 patients in 1965-1966.

During the biennium 133 autopsies were performed constituting an autopsy rate of 43.8%. All autopsies were reviewed in the pathological conference conducted by the consulting pathologist, Dr. Marcus Zbar.

The cancer registry listed 13 cases during 1964-1965 and 8 cases during 1965-1966.

During the biennium 864 electrocardiograms and 566 electroencephalograms were done.

The hospital has visiting consultants in all specialties and has an arrangement by which patients needing special diagnostic or therapeutic procedures not available here, can be transferred to Jackson Memorial Hospital, Miami, or Hollywood Memorial Hospital in Hollywood.

RESEARCH

During the past biennium the study "Urinary Excretion of 6-Hydroxyskatole Sulfate by Patients and Staff in a State Mental Hospital" by A. R. Krall, Ph.D., P. Gordon Lever, M.D., B.S., Ricardo Villaverde, B.S., Rosemary Smith, B.S., and Bernice Billett, B.S., was completed and submitted for publication.

The Psychology Department has cooperated with Dr. Frederick C. Thorne, editor of the Journal of Clinical Psychology in validating a test battery called "The Integration Level Test Series." The purpose of the test battery is to discover the statistical relationships of a large number of personality factors which have been postulated by various schools of psychology as underlying various types of psychological integration.

Uwe W. Geertz, Ph.D. and Gerald T. Tracy, Ph.D., have conducted a study on the reduction of false positives in the Trail Making Test.

RADIOLOGY DEPARTMENT

Routine chest x-rays are taken of all newly admitted patients. The following diagnostic x-ray procedures were done during the biennium.

	1964-65	1965-66	Total
Arteriograms	49	23	72
Chest	1516	1587	3103
Skull	288	310	598
Spine	208	218	426
Intravenous Pyelogram	422	163	585
Retrograde Pyelogram	15	7	22
Gastrointestinal Series	39	52	91
Barium Enema	19	40	59
Cholecystogram	39	40	79
Cholangiogram	4	6	10
Bronchogram	2	2	4
Aortogram	17	11	28
Miscellaneous	153	186	339
	2771	2645	5416

CLINICAL LABORATORY

Routine examinations on all patients consist of white blood cell count, hematocrit, urinalysis, serology, blood glucose and in addition to this a blood urea nitrogen determination is done on all patients over 50 years old. The following laboratory procedures were performed during the biennium with an increase of 4,680 examinations as compared to the 1962-1964 biennium.

	1964-1966
Urinalysis	14,262
Hematology	14,541
Blood Chemistries	19,535
Serologies	5,954
Spinal Fluids	3,380
Bacteriology	2,534
Miscellaneous	6,389

DENTAL DEPARTMENT

The Dental Department employs one full time dentist and a dental assistant under the supervision of Dr. Paul Uhrig, Chief Dentist for State Institutions.

During the biennium 11,786 treatments were given to 5,165 patients.

PHARMACY

The Pharmacy is operated under the direction of a registered pharmacist and one assistant pharmacy clerk. A formulary system governed by the Pharmacy and Therapeutics Committee is adhered to whereby new drugs are added and obsolete drugs are deleted. The hospital formulary is revised yearly and a copy of it is available on every ward in the hospital.

The Pharmacy dispenses approximately 4500-5000 separate drug items per month, 200 leave of absence medications, between 300-400 prescriptions to Follow-up Clinic patients, and all medications dispensed to employees injured on the job. The money allocated for the two-year period was \$229,200.00.

LIBRARY

The Medical Library continues to grow and is used extensively by all personnel.

Presently it contains 1221 books and 107 bound volumes of various journals. We subscribe to 55 scientific journals.

NURSING SERVICE

The Nursing Department, administratively, has experienced many changes since the last biennial report. Mrs. Gladys Frechtel, R.N., B.S., M.S., has been appointed to the position of Director of Nursing Service. Miss Eva Kelly, R.N., who

has been a Supervisor for five years at South Florida State Hospital, has been appointed Assistant Director of Nursing. Several supervisory positions also experienced change. Miss Marilyn Kiel, R.N., B.S., Director of Nursing Education, has resigned and this position is vacant as of this writing.

With the opening of several new wards, new personnel were hired and the staffing pattern was adjusted. A Unit Manager system is being tried in the new buildings. The Unit Manager, a non-nurse with business and supervisory experience is responsible for the supervision and administration of non-patient activities. Each new ward has an aide that is assigned clerk duties only. The clerks are responsible to the unit manager who maintains records, supplies, equipment and inventories. This allows the remaining aides, nurses and supervisor more time for direct patient-centered care. Several wards utilize one aide who acts as a courier-escort, when patients cannot be utilized. The unit manager coordinates the activities of the courier thereby avoiding regular personnel from duplicating off-ward errands. The unit manager has made positive efforts to reduce floor costs without interference with care and treatment of patients. Other methods and innovations are being tried on several wards to increase the efficiency and satisfaction of personnel, to improve patient care and reduce operating costs.

Mrs. Lois Van Marken, R.N., has been appointed as Remotivation Coordinator and is now in the process of activating a Remotivation Program for all patients.

The Nursing Education Department functioning as part of Nursing Service is under the direction of a Nurse Educator and two instructors. It has continued to expand its educational activities. At the present time most of our nurses are enrolled in on-going inservice educational programs. Classes which meet weekly have been concerned with personality development, basic concepts of behavior, patterns of adjustment, principles of psychiatric nursing, the role of the nurse, communication and nursing care of patients based on an understanding of their mentally ill behavior.

Advanced groups of nurses have done nurse-patient interaction studies under close supervision by the nurse instructor. These one-to-one relationships have provided outstanding learning experiences. Another group of nurses has begun a study of group dynamics.

A three-week basic orientation program for aides is offered each month. A 26 hour medication course has been given 15 times. A 14 hour Phase II Orientation has been offered four times. This is a follow-up of the initial orientation program and is designed to better acquaint nursing service employees with other departments and their role in patient care. These classes contribute to improved communication between Nursing Service and other departments.

The two-day orientation workshop for Public Health nurses has been changed to a one-day workshop and has been offered four times.

South Florida State Hospital provides facilities for clinical experience in psychiatric nursing for the following five schools of nursing: University of Miami, Barry College, Palm Beach Junior College, Miami-Dade Junior College and the

Junior College of Broward County. The Nursing Education Department coordinates the activities of these groups with the hospital program. Each affiliate group provides its own instructors.

South Florida State Hospital submitted an application for a Mental Health Training Grant to the United States Department of Health, Education and Welfare, Public Health Service. The grant for \$25,000 was awarded to become effective July 1, 1966, renewable for seven years. The purpose is to improve inservice training of psychiatric aides. Since the best psychiatric aide educational program will take place in that setting, the registered nurse will be the person most directly involved in providing this educational experience.

The nursing section of our medical library continues to grow and contains a most complete section of periodicals, past and present, in addition to a wide range of textbooks. This has been an invaluable adjunct to our educational programs. "The Correspondent," a publication for psychiatric aides is made available to all aides through the nursing education fund.

All nurses are encouraged to belong to and attend meetings of their professional organizations, workshops, institutes, seminars and conventions. Several nurses are attending school part-time work toward their bachelor and advanced degrees.

The Nursing Service has formulated a philosophy of nursing within the framework of this hospital along with stated objectives and functions. Procedure manuals are being reviewed and revised as well as written job descriptions for all levels of nursing personnel.

The Nursing Department these past two years has imposed upon itself a continuous evaluation of its services towards the improvement of patient care.

SOCIAL WORK DEPARTMENT

Casework service to patients and relatives continues to be the primary function of the Social Work Department and the Staff is constantly striving to find new and better ways to make these services more meaningful. Through these direct services and in collaboration with the other professional disciplines in treatment plans, the social workers play an important role in the resocialization of the patient in preparing for his return to the community.

The emphasis on admission interviews with relatives to assess the psychosocial situation continues to be an important phase of the work. Each patient is assigned a social worker on admission. In those instances where relatives are uninterested, unavailable or nonexistent, all available resources are used to obtain as much pertinent information as possible. The problem of nonresidents is especially pressing in South Florida in all seasons of the year. In this last half of the biennium the Department has started to do preadmission interviews with relatives of patients on the waiting list. The weekly volume varied due to the response to the letters requesting them to make appointments for the interviews. The average weekly response was 80% and consisted of personal or telephone interviews or the return of the written History Questionnaire.

In the area of release planning in addition to direct services to patients and families, the senior staff members are continuing the weekly sessions started in 1963, with groups of patients for the purpose of motivating them to a discussion of plans for release and rehabilitation. Written monthly reports are submitted to the referring physician on the individual patient's participation and progress in the group. There is also frequent consultation between the group leaders and the assigned social worker to assess readiness for individual casework service. In addition, there is now a group of relatives—mostly of the younger patients meeting weekly for the purpose of helping them gain understanding and acceptance of their youngsters' problems and the community resources available after release.

While in the treatment phase of hospitalization many patients are referred by their physicians for services that are primarily of a material nature. These can be quite involved and time consuming but the resolution of the problem contributes to the well being of the patient.

The problem of staff is a perennial one. There have been a number of changes in the staff during the biennium. In spite of this the volume of work has been maintained on a fairly consistent level. The average active monthly caseload for the Department during 1964-1965 was 412.2 patients and in 1965-1966 it was 424.3 patients or 30% of the entire hospital population for both years.

In the area of after care the caseload and the services continue to show an increase. As more patients are seen at the Follow-up Clinic and there is more involvement with the Public Health Departments through the Mental Health Workers and the Nurses there are more requests to the social workers. In addition, it seems that more patients have less resources so that trial visit under a social worker's supervision is the only means of release. This is particularly true for readmissions who "exhausted" community resources because of their failure to make an adjustment and therefore the previous resources are no longer available.

Since November 1964, the Public Assistance Hospital Worker assigned to this hospital has been working closely with the staff. Through the processing of applications and establishment of eligibility for Public Welfare assistance while the patient is still hospitalized, it has been possible to do more sound release planning. Although placement of geriatric patients in the Foster Care and Nursing Home Programs has been slow for unavoidable reasons, many non-geriatric patients have been released on to other Welfare services. It is anticipated that the good working relationships already established will continue when the State Welfare Department Unit begins in July 1966.

In relation to Medicare, the department worked closely with the Social Security Administration representatives in establishing eligibility for hospitalized patients who met the age requirements. This is a continuing program as other hospitalized patients attain the age of sixty-five years.

The department's concern for and participation in training and education continues to increase within the hospital and the community. The well established programs for community groups in various professions—Public Health Nurses, Police Recruits, etc., are continuing. The establishment of the Barry College School of

Social Work in Miami, which opens in September 1966, will result in the setting up of a Student Unit at the hospital. During the Spring of 1966, the school conducted two eight-week seminars on a weekly basis for beginning and for experienced supervisors in the community agencies in this South Florida area. Three members of the staff were able to take advantage of this educational opportunity and it is anticipated there will be similar opportunities in the future.

Contact is maintained with the ex-patient Social Clubs in the area served by the hospital. Weekly programs continue to be planned for selected hospital patients by the Fort Lauderdale Phoenix Club and a monthly program is now in effect with the Miami Phoenix Club. These programs acquaint patients with the activities of the club and prepare them for membership upon release from the hospital.

All the professionally trained staff are members of the NASW and participate in the activities of the local chapter. In addition, five are members of the Academy of Certified Social Workers.

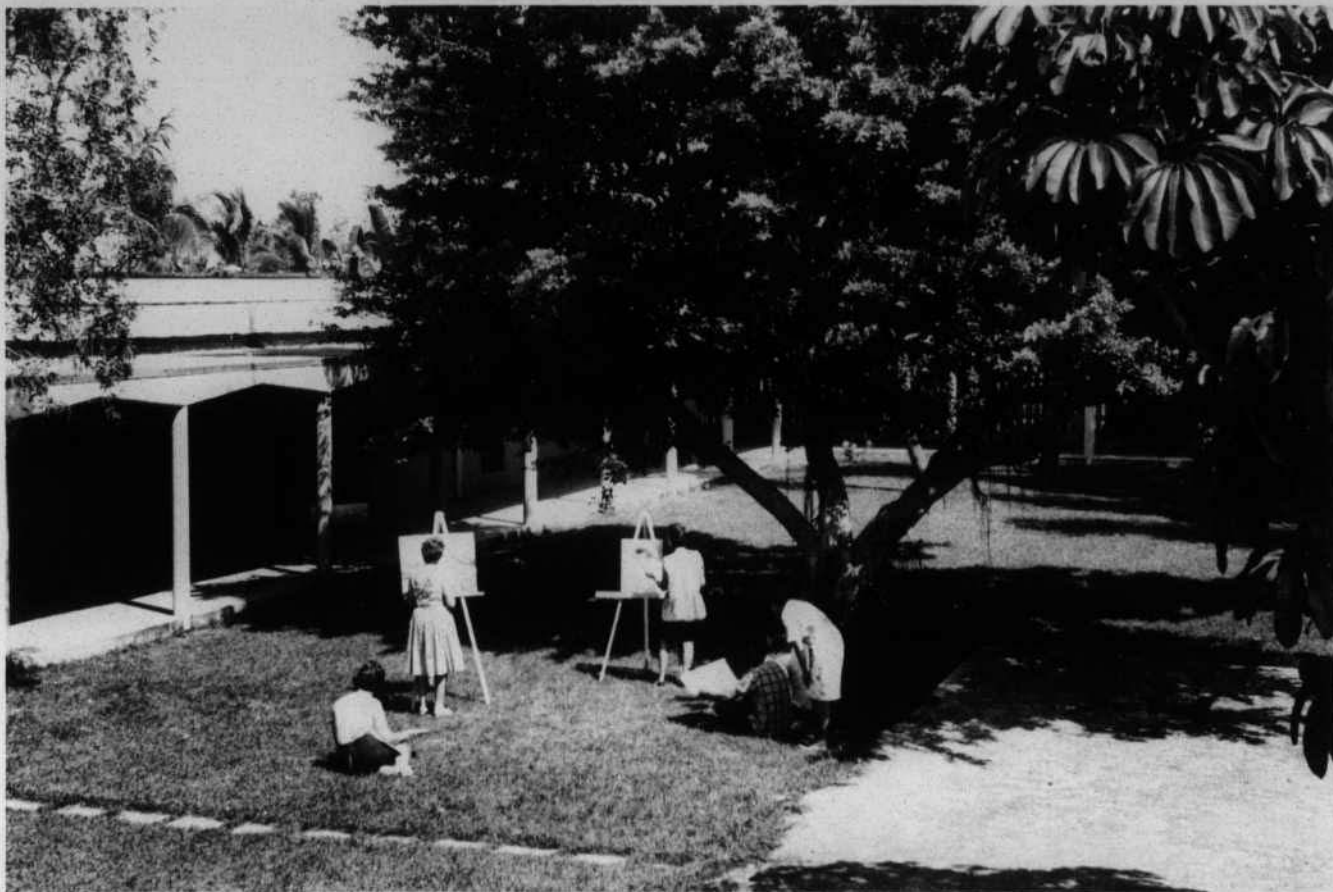
PSYCHOLOGY SERVICE

The Psychology Service consists of a Director, three other staff members and one intern. All staff members hold the Doctorate in Psychology and three have been Certified by the Florida State Board of Examiners of Psychology. When examinations for Certification are again offered, the other member of the staff plans to take them.

The Psychology Service still remains one of the few in the southeastern part of the United States that has been approved by the American Psychological Association to train interns to the Doctoral level. To continue our approved status, the Association demands that we increase both the number of staff members and interns prior to their next evaluation in January of 1968.

The Department continues to carry out its five main functions: Diagnostic and personality evaluation by means of psychological techniques, Group and Individual Psychotherapy, Inservice Training, Research and the training of psychology interns. In addition to these duties, psychologists attend and participate in clinical and administrative meetings, serve as members of the Committee for Training and Education, the Court Disposition Board and the Hospital Improvement Committee. In April of 1966, one of the staff members was appointed Chairman of the Research Committee to direct the research projects now being conducted at the hospital. For approximately one year, a staff psychologist has been engaged in Group Therapy with patients who have been released from the hospital but who are in need of further treatment. Meetings have been held on a weekly basis at the Jewish Vocational Workshop in Miami, Florida.

Another psychologist, as Chairman of the Hospital Improvement Committee, worked closely with the Clinical Director and other Department Heads in evolving and preparing an application for a Grant from the Department of Health, Education and Welfare with the aim of getting assistance to set up a Day Care Unit at this hospital.



OCCUPATIONAL THERAPY ART CLASS

The Director of the Service has held the position of Clinical Associate Professor and lecturer in Psychology at the University of Miami for approximately seven years.

Due to the considerable increase in number of patients and the expansion of Psychological services, it is hoped that the staff will be enlarged by the addition of several psychologists and interns during the next biennium.

OCCUPATIONAL THERAPY DEPARTMENT

The Occupational Therapy staff has remained at the same number this biennium as during 1962-1964; four registered occupational therapists and five assistants. The personnel movement in and out of the department has been fairly constant. Australia, England and Sweden were represented on our professional staff adding new ideas and broadening our knowledge of treatment media around the world.

The department did not accept occupational therapy interns during 1965, as we were involved in coordinating and putting on the first National American Occupational Therapy Association conference held in Miami, Florida. Interns were resumed in the Spring of 1966, from the University of New Hampshire, Tufts University in Massachusetts and the University of Puerto Rico. Interns enrich an occupational therapy program bringing with them enthusiasm, new ideas and challenging concepts of treatment. In addition to occupational therapy interns we have had three college students as summer employees, introducing them to professions in the field of Mental Health

The Occupational Therapy Department has been adapting its program around the basic philosophy of the American Occupational Therapy Association which is particularly concerned with man and his ability to meet the demands of his environment. The therapist administers treatment to the patient designed to: 1) evaluate and increase his physical function in relation to activities of daily living, the needs of his family and the requirements of his job; 2) improve his self-understanding and psychosocial function as a total human being. Treatment involves the scientific use of activity procedures and/or controlled social relationships to meet the specific needs of the individual patient.

During this biennium the average number of patients treated has been 300 per month. Patients have been treated on closed wards, in the clinics—both individually and in special groups.

The department has been involved in the education of other departments, services and agencies as well as intra-professional and intra-departmental education. We co-sponsored a patient's art exhibit at a local bank as an educational project of the Mental Health Association of Broward County.

The entire occupational therapy staff attended parts of the National Occupational Therapy Association conference held in Miami in 1965. Miss Alison Ferguson Wood, OTR, a staff member, presented a paper at this conference entitled, "Observation Clinic, A Diagnostic Tool?"

In March 1966, the Director of the department attended a week's seminar in Boston, Massachusetts on *Group Processes in Administrative Techniques*, sponsored by the Office of Vocational Rehabilitation for the American Occupational Therapy Association.

INDUSTRIAL THERAPY DEPARTMENT

The Industrial Therapy Department continues to grow both in staff and the number of patients processed. The function of this department is to encourage patients to accept the work pressures and responsibilities similar to those that exist in everyday communal living.

Patients are referred to the Industrial Therapy Department by the physician and then interviewed in an effort to determine the type of work most suitable, compatible and most helpful to the patient's progress.

There are 78 supervised work areas to which patients can be assigned where the necessary responsibilities exist. Performance reports are kept on all patients to effectively gauge their progress.

The Member Employee Program continued to function successfully and benefited 124 patient participants during the biennium. The program is primarily for the indigent patient and provides financial reimbursement for participants.

The Industrial Therapy Department is incorporated with the Division of Vocational Rehabilitation and close cooperation is maintained between these two departments in order that patients showing obvious improvement can receive vocational services prior to re-entry into the community.

	Male	Female	Total
Patients on work assignments on July 1, 1964	315	262	577
Patients assigned to I. T. during this period	955	1282	2237
Patients discharged from I. T. during this period	931	1259	2190
Patients on Member-Employee Program	4	2	6
Patients on work assignments on June 30, 1966	339	285	624

VOCATIONAL REHABILITATION

In a cooperative agreement signed November 1963, between the South Florida State Hospital, Division of Mental Health and the Division of Vocational Rehabilitation, Department of Education, the Vocational Rehabilitation Department was established by combining the functions and office space of the Vocational Rehabilitation and Industrial Therapy departments. The vocational evaluators' and clerk-stenographer's positions provided by the hospital are certified to the State Budget Commission as funds to be spent by the hospital for the Vocational Rehabilitation Department. These funds are also certified by the Division of Vocational

Rehabilitation to the Vocational Rehabilitation Administration, Department of Health, Education and Welfare as State matching funds.

The Division of Vocational Rehabilitation counselor has the responsibility for interviewing patients who are referred by the staff psychiatrists to determine their need for, interest in, and eligibility for Vocational Rehabilitation services. During the rehabilitation process, the counselor assists the patient in making appropriate job objective. Industrial therapy assignments are utilized to assess the patient's work potential and capabilities and to prepare him for employment in the community. The Rehabilitation counselor plans for and arranges for the administration of needed rehabilitation services by the District Office in which the patient resides.

The Division provided the services of two counselors, one of senior rank and a secretary on a full time basis since the beginning of this biennium. Another counselor and secretary were added to the staff in March 1966, to bring the total to five employed full time at this hospital. The hospital provided two evaluators and a clerk-stenographer until October 1965 when the third evaluator was added to the staff.

In 1965 two counselors of the Miami District Office made a few visits per month to the hospital to become acquainted with the patients and their vocational plans for re-entering the greater Miami community. To further augment this co-operative effort, the visits became regular weekly one-hour group therapy sessions with the patients. During these sessions patients discuss myriad subjects regarding their problems in the community and in their role as workers. The Miami counselors also discuss with the hospital-based counselors the plans for patients who will be released in the immediate future. This assures the continuity of services to the patient returning to the community.

Recently the Division has been utilizing a workshop in Broward County for work evaluation and personal adjustment training of the hospital patients to better assess their work potential and liabilities. The patients are on a night hospital plan and return to the workshop each day. Transportation is provided by the workshop.

The senior counselor has been on leave since April 1, 1966, for a six-month Psychiatric Rehabilitation Internship Program at Harvard University.

During this biennium, the counselors received 715 referrals, accepted 366 patients for services, wrote 331 vocational plans, transferred 340 cases to District offices and provided 458 items of information to other districts.

It is hoped that during the present biennium the Division of Vocational Rehabilitation will add another counselor and secretary to the hospital staff to increase services to a greater number of patients during their active treatment in the hospital.

RECREATIONAL THERAPY

Recreational Therapy's main goal, at South Florida State Hospital, is to co-operate with other disciplines in getting the patient out of the hospital.

Thus, recreation is designed to help the patient re-create and use his life constructively. In this "progression-in-recreation" program at South Florida State Hospital: (1) First the patient learns "to do;" (2) "To do with others," and finally "To do on his own."

Recreational Therapy meets the patient on his social-emotional level. All facets of recreation, from the most active to the most passive, are presented to motivate the patient "To do."

In the second step of the patients' "progression-in-recreation," social-group and skill activities are introduced and the community is invited into the hospital. Recreation activities in this medium have been: Southern Bell Telephone's Demonstrations and Lectures; Volunteer programs on First Aid, Flower Arrangement and Social Awareness; Weekly Travel and Training Films; the American Cancer Society's Social-Work Program; Drama and Music Programs; and Professional Bands for dances that are supplied by the American Federation of Musicians.

Finally, Recreational Therapy takes the patient into the community: Small shopping trips are scheduled on most female areas; Educational-Social Awareness Trips have been made to Eastern Airlines, Miami Seaquarium, Indian Village, Museums, Crandon Park, Barry College and Coca-Cola Plant; Skills-Practice Trips have been scheduled to bowling lanes and recreation areas.

Through the democratic process of the Patient Council, the patient makes a definite contribution to his program.

As an over-all hospital coordination medium, an Activities Committee has been formed to coordinate patient activities planned by R. T., E. R., Volunteer Service, O. T., Chaplaincy and Dietary.

On the newly opened living areas, a more diversified Recreational Therapy program is presented with the coordination of the Nursing Staff, Patient Council, and the Recreational Therapy Director. Nursing Staff members conduct recreation programs on their areas under supervision of the Recreational Therapy Director. This method adds more hours, more versatile activities, and more participation.

There is a daily recreation program scheduled on all but a very few of the living areas at South Florida State Hospital.

In the Professional Field of Recreation, Director Robert A. Prettyman was the Program Director of "The Institute for the Ill and Handicapped" held at Atlanta, Georgia.

EDUCATIONAL REHABILITATION

The past biennium has been one of projects, additions and expansion for the Educational Rehabilitation Program, an adjunct to the Recreational Therapy Department.

During the biennium 293 patients were referred to attend scheduled academic classes in grades one through twelve. Nineteen students earned accredited High

School Diplomas bringing the total number of graduates to 28 since the program's start in 1959 by its present certified staff teacher, Mrs. Beeken, Director of Educational Rehabilitation.

An additional 54 adolescent patients were referred only to the after school time extracurricular activities scheduled every Tuesday evening, every Friday morning and every Saturday morning.

In 1965, the Young Adults Club (YACS) with average membership of 45-60, completed their own recreation center located in the Recreational Therapy building. Their community service project for 1966, sponsored by the Hollywood Pilot Club and partially supported by federal funds, was the building of a miniature golf course on which the first green was completed in August 1966.

The school Mardi Gras, produced by the students, issued free tickets to 523 patients in 1965 and 619 patients in 1966.

Special interest groups within the Educational Program were:

The Chefs—a cooking club for boys and girls

The Speak-E-Z's—a debating club

The Pin Busters—a bowling club offering the Brunswick course

The Starfires—an Arts and Crafts Club

The Thespian Dramatic Club

Boy Scout Patrol #413

Swingin' Bugg Hi Newspaper produced monthly by the students

ITA—Inpatient Teachers Association

A federal grant of \$7,973 was received for a 14 week Educational Rehabilitation Project, June 1, 1966—August 31, 1966 designed to improve, expand and develop Reading, Home Economics and Office Practice skills of selected students in grades 4-12. The grant provided equipment, services of a Reading Specialist, two teacher aides and in-service training for teacher aides.

VOLUNTEER SERVICES

During the 24 months covered in this report, Volunteer Services has continued its responsibilities of recruiting, screening and placing workers in eighteen hospital departments, including administrative as well as medical services. This department of two people has furthered community education and contacts by numerous talks to civic, service, church, fraternal and military organizations and has participated in many seminars, workshops and conventions held in four counties adjacent to this hospital.

Contributions and donations, both monetary and material, have increased each year and supplies and equipment for wards, recreation therapy, housekeeping and other departments has shown a steady climb. The number of volunteer workers has reached a plateau during these 24 months and is based on a real need within this

hospital, dependent not upon the total number of patients, but upon the help and cooperation of hospital staff members and their ability to provide the very necessary "in-service" training to the community volunteer worker. With very little effort during this biennium, the complete integration of our white and negro volunteers has been accomplished, with major church groups and military organizations wholeheartedly cooperating.

An additional function within this hospital was voluntarily assumed by this two-member department when in July 1965, Volunteer Services took over the maintenance care and upkeep of the many television sets, radios and record players used throughout the hospital. There are currently 38 television sets on patient areas, all donated by community clubs. During these twelve months 51 service calls were made by our outside repairman and our efforts have made possible the repair of 80 television sets, 38 record players, 22 radios and 3 projectors. Time expended by this department included 260 telephone calls and 142 man hours in 12 months. Total cost of this repair work was \$1,070.06.

The supervision of the Charm School and the many volunteer workers that conduct this very important therapy program, has continued to come under Volunteer Services. Locating sufficient supplies, cosmetics and toiletries for this one hospital program which handles an average of 261 women patients each week is a problem but is being solved by the wonderful help given by our many outside groups and the numerous donations that reach us.

Donated clothing articles are sent to the Housekeeping Department "Clothing Room" and between 250 and 300 men and women are clothed each month. Over 1,600 new items of clothing were contributed during the past 24 months, including new trousers, new shirts, new dresses, new shoes, exclusive of the thousands of items that were used but in excellent condition. Our local post offices have continued to supply our Patients Library and wards with over 1,000 new magazines each month and this is in addition to the 62 annual subscriptions to major magazines from volunteer organizations.

The Annual Award Ceremony and Recognition Program for Volunteers held in May each year again was successful with over four hundred organizations and individual workers receiving Certificates and pins for their work in this hospital. One hundred and thirty-one national, state or local organizations participate each month continuously in the service program here, either in manpower or in donations or contributions. These groups have continued their support of the college scholarship program, the off-station bus trips, aid to our Chaplaincy programs, aid to our Educational Therapy School programs and the huge Christmas Calendar of Events. Statistics:

Regularly scheduled volunteer workers, average per month	128
Intermittent or group volunteer workers, average per month	106
Total hospital visits by volunteer workers	13,824



GARDEN THERAPY

Total volunteer hours	36,467
Staff talks to outside community organizations	197
Average number of volunteer activities or programs per month	123
Charm School, average number patients involved per week	261
Total number volunteer visits to office, cars unloaded	2,742

CHAPLAINCY

For nearly five years, Reverend Luther Ballou, our first full-time Chaplain, with the assistance of many psychiatrically-minded neighboring clergymen, has carried on a wide range of religious services for the various faiths in the hospital.

The five rabbis of this county rotate in conducting weekly Jewish services. Priests from a nearby Roman Catholic Church hear confessions, have mass weekly, and also visit Catholic patients as much as possible. A nearby Episcopal rector has weekly services for communicants of his faith.

Most services are conducted by the Chaplain including two Sunday morning services, twenty-four monthly closed ward services, two monthly Sunday afternoon communion services, plus similar services held twice a year on all closed wards. Holy day services are held for the Protestant, Catholic and Jewish faiths, plus holiday services by the Chaplain.

Mrs. Ballou volunteers her services as pianist, choir director, and leader of a song service after one of the regular Sunday morning Protestant services.

The newly decorated Chapel is kept open two hours a day, Monday through Friday, for counseling, meditation, prayer and distribution of literature. Six psychiatrically-oriented clergymen come once a week to counsel with the patients who wish help, forty-five other ministers substituting when necessary. The Chapel is used only for religious purposes.

The Chapel area is set up on a non-denominational basis when no service is in progress. However, a side room off the Chapel has been arranged with permanent Protestant and Jewish altars for private worship. The Catholic priest prefers to have his patients use the non-denominational altar for prayer during these periods. When he is here, he uses the Chaplain's office, particularly as a confessional. He also keeps his equipment there for his services.

Weekly orientation talks are given to new patients, and periodic ones to new employees and student-nurses-training from neighboring colleges. The Chaplain is an active member of the six ministeriums in nearby communities. He entertains many clergy individually and in groups for lunch and for hospital tours, to help them understand psychiatric problems. This also assists him in recruiting new counseling volunteers. Some ladies from neighboring communities volunteer as part-time secretaries.

HOUSEKEEPING DEPARTMENT

This department under the direction of a Head Housekeeper and one Assistant Housekeeper consists of the Sewing Room, Clothing Supply Rooms, Janitorial cleaning supplies and the Janitorial Cleaning Services.

The Hospital Housekeeping team includes 25 staff employees with 80 to 100 Industrial Therapy patients assigned to our various departments. This requires training, observing, evaluating and making weekly written reports on each patient's progress. During the biennium, 610 patients were assigned to Housekeeping. Of this number, 245 patients, or 40.2% were discharged from the hospital.

A Clean-O-Scope training program is held once each month. Classes in methods of cleaning and sanitary procedures are conducted by this department of all personnel engaged in these activities. During the biennium, 337 attended this program. A weekly inspection of ward areas has resulted in a good housekeeping and protective maintenance program.

All new janitorial cleaning supplies, equipment, linen, bedding, clothing and cloth items are tested in this department. Written reports are kept in file on these various items.

SUPPLY DEPARTMENT

The Supply Department prepares all requisitions for purchases which are made through the State Purchasing Commission on both contract and non-contract items and maintains a complete warehouse, stocking all supplies necessary for the hospital's requirements.

To secure the necessary equipment, materials and supplies required to operate the hospital, 5,556 requisitions were screened and prepared, resulting in 6,586 purchase orders. A total of 8,560 receiving reports were prepared covering items delivered directly to the consuming department, or stored for their future withdrawals. The Supply Department serviced 1,530 general stores requisitions submitted by all departments. There were 372 equipment transfers made out of supply stock and 6,098 parts and equipment slips issued out of supply maintenance stores for completion of work orders.

MAINTENANCE DEPARTMENT

The Maintenance Department under the direction of the Chief Engineer is responsible for the Trades Department, Roads and Grounds, Transportation, Water Plant, Steam Plant, Sewage Plant and Household and Property Service.

The Trades Department is charged with repair and small construction of buildings and utility lines (water, sewage, electric, steam). It has completed 17,482 work orders during the past two years, repairing dietary equipment, ward equipment, X-Ray, operating room and dental equipment, heating and air conditioning, roofs, painting and glazing.

Roads and Grounds maintained 285 acres of lawns and fields, 3 acres of patios and sidewalk areas, about 4 miles of drainage ditches, as well as operated a mowing, fertilizing and pest control program of grassed areas. Another landscape maintenance program of fertilizing, watering, spraying, pruning and planting of more than 5,000 trees, shrubs and palms is operated the year around. Trash, garbage and debris collection is handled seven days a week.

The Transportation Department totaled 223,224 miles traveled the past two years for an average of 9,301 miles each month to transport food, clothing and various supplies. Non-ambulatory patients are transported from patient areas to Clinic, X-Ray, Dental and other areas. All vehicle repairs are under this department.

The Water Plant pumps water from two deep wells through the Plant where it is treated, tested and pumped to the buildings for use. During the past two years, a total of 254,184,900 gallons of water was treated making a monthly average of 10,591,037.4 gallons.

The Steam Plant furnishes steam from four 175 HP boilers for Laundry, Dietary, heat and sterilization and used a total of 1,351,576 gallons of Bunker C fuel the past two years or a monthly average of 56,315.7 gallons. The average daily steam flow maintained throughout the biennium was 180,178.9 at low pressure and 16,729 at high pressure. Steam was produced at an average of 110 p.s.i. pressure to all facilities.

During the past two years, the Sewage Plant handled a total amount of 189,300,500 gallons of raw sewage or 7,887,520.8 gallons per month. Our plant expansion program was completed early in 1966 and now has sufficient capacity for future expansion programs of other hospital facilities.

DIETARY DEPARTMENT

The Dietary Department is supervised by a Director of Food Services, aided by a Steward II, Therapeutic Dietician, Chef II and a Steward I.

Patients and employees are served the same menu, with employees paying for their meals. Patients' needs determine the type service they receive. The majority are able to use regular cafeterias, while others are served from heated carts or from prepared trays.

Total meals served during this biennium	3,298,842
Total Raw Food Cost	\$834,232.26
Total Special Diets served	476,764

Certificates were received by twenty employees who completed a Supervisor's Class conducted by the Adult Education Branch of Broward County School Board.

Sixty employees received Food Handlers Certificates for a course presented by the Board of Health.

Inspection teams and supervisory instruction are in effect.

LAUNDRY DEPARTMENT

During this biennium, the Laundry Department kept pace with the additional patient population, adding only one six roll flatwork ironer.

Linen control and replacements were coordinated to a very economical degree.

The Laundry handled 5,296,812 pounds of soiled linens consisting of 9,653,305 pieces during this biennium, averaging 5 pounds per patient per day.

SECURITY DEPARTMENT

The Security Section furnishes twenty-four hour, seven day service; safeguards the hospital grounds, buildings and State Property, checking all locked areas after working hours as a protection against theft; screens vehicles entering and leaving the grounds and patrols parking areas, enforcing traffic regulations; maintains order and discipline; and after hours is responsible for transportation and ambulance services.

PERSONNEL DEPARTMENT

The Personnel Department is responsible for the recruiting, screening, interviewing and referral to the various Department Heads for final acceptance of an applicant; the physical examinations, references, taking of fingerprints, along with final hiring procedures; and the complete servicing of Workmen's Compensation, Blood Banks (Patient and Employee), as well as Service Awards, Fire and Safety, Insurance and Credit information and car I.D. tags.

The following statistics are pertinent to the biennium:

	1964-65	1965-66
Total Authorized Positions	786.0	969.0
Monthly Average of Filled Positions	776.5	813.3
New Employees Hired	354.0	522.0
Monthly Average—New Employees Hired	29.5	43.5
Staff Members Terminated	380.0	443.0
Monthly Average—Staff Members Terminated	31.7	36.9
Monthly Turnover Rate	4.1%	4.5%

- Notes: 1. Monthly Turnover Rate for Biennium was 4.3%.
 2. Nursing and Dietary Departments had highest percentage of turnover.

MOVEMENT OF PATIENT POPULATION

	July 1, 1964 to June 30, 1965	July 1, 1965 to June 30, 1966
ADMISSIONS:		
On New Commitment from:		
County Courts	794	730
Circuit and Criminal Courts and Court of Record	71	96
Certifications	205	165
Voluntary Admissions	54	35
Readmitted on Former Commitment	1	0
Returned from Trial Visit	206	179
Returned from Escape	52	42
Admitted while on Trial Visit from Other Division Hospitals	1	0
Transferred from Non-Divisional State Institutions	1	0
Other	65	78
TOTAL ADMISSIONS	1,450	1,325
SEPARATIONS:		
Released on Trial Visit	484	399
Discharges:		
By Staff	310	314
For Transfer to V. A. Hospital	23	19
For Transfer to Other States	48	41
For Return to Court	43	54
Certified Patients	117	140
Voluntary Patients	46	44
Other Discharges	31	41
Transfers to Other Divisional Hospitals	9	2
Transfers to Non-Divisional State Institutions	3	0
Escaped	62	63
Patients Died	183	121
Other	59	72
TOTAL SEPARATIONS	1,418	1,310
Net Increase in Population	32	15
POPULATION BEGINNING OF PERIOD	1,413	1,445
POPULATION END OF PERIOD	1,445	1,460
AVERAGE NUMBER OF PATIENTS	1,409	1,416

PSYCHOSES OF ADMISSIONS

	July 1, 1964 thru June 30, 1965					July 1, 1965 thru June 30, 1966				
	Total	WM	WF	CM	CF	Total	WM	WF	CM	CF
ACUTE BRAIN SYNDROMES:										
Alcohol Intoxication	39	12	8	12	7	32	6	5	15	6
Drug or Poison Intoxication	3	1	2	0	0	2	1	1	0	0
Convulsive Disorder	3	1	0	1	1	2	1	0	1	0
All Other Conditions	6	2	2	0	2	5	3	0	1	1
TOTAL ACUTE BRAIN SYNDROMES	51	16	12	13	10	41	11	6	17	7
CHRONIC BRAIN SYNDROMES:										
Meningoencephalitic Syphilis	5	2	0	2	1	0	0	0	0	0
Other CNS Syphilis	4	0	0	2	2	4	2	0	2	0
Epidemic Encephalitis	1	1	0	0	0	0	0	0	0	0
Other Intracranial Infections	1	0	1	0	0	1	0	1	0	0
Alcohol Intoxication	16	4	7	2	3	30	11	7	9	3
Drug or Poison Intoxication	1	0	1	0	0	2	1	1	0	0
Birth Trauma	4	4	0	0	0	5	4	1	0	0
Other Trauma	8	5	2	1	0	7	2	3	2	0
Cerebral Arteriosclerosis	68	36	22	3	7	49	20	17	8	4
Other Circulatory Disturbance	12	2	8	1	1	7	3	2	2	0
Convulsive Disorder	26	6	12	4	4	10	5	3	1	1
Senile Brain Disease	43	19	21	0	3	15	6	7	1	1
Other Disturbance of Metabolism, Growth, and Nutrition	7	1	3	3	0	8	5	3	0	0
Intracranial Neoplasm	1	0	0	0	1	1	1	0	0	0
Diseases of Unknown and Uncertain Cause	10	1	6	2	1	10	6	3	0	1
Chronic Brain Syndromes of Unknown Cause	6	1	2	1	2	21	5	6	5	5
TOTAL CHRONIC BRAIN SYNDROMES	213	82	85	21	25	170	71	54	30	15
PSYCHOTIC DISORDERS:										
Involutional Psychotic Reaction	54	9	37	1	7	56	4	47	0	5
Manic Depressive Reactions	59	35	22	2	0	52	22	29	1	0
Psychotic Depressive Reaction	27	9	17	1	0	23	6	15	0	2

PSYCHOSES OF ADMISSIONS (Continued)

	July 1, 1964 thru June 30, 1965					July 1, 1965 thru June 30, 1966				
	Total	WM	WF	CM	CF	Total	WM	WF	CM	CF
PSYCHOTIC DISORDERS (Continued):										
Schizophrenic Reactions	555	176	246	60	73	541	149	228	79	85
Paranoid Reactions	5	4	1	0	0	0	0	0	0	0
TOTAL PSYCHOTIC DISORDERS	700	233	323	64	80	672	181	319	80	92
PSYCHONEUROTIC REACTIONS.	36	7	28	0	1	30	9	18	2	1
PERSONALITY DISORDERS:										
Personality Pattern Disturbance	13	8	5	0	0	10	7	3	0	0
Personality Trait Disturbance	25	8	17	0	0	29	17	10	2	0
Antisocial Reaction	20	15	0	5	0	14	10	1	3	0
Dyssocial Reaction	4	2	2	0	0	0	0	0	0	0
Sexual Deviation	14	12	1	1	0	15	14	0	1	0
Alcoholism (Addiction).	21	11	7	3	0	26	11	7	6	2
Drug Addiction	13	8	5	0	0	9	3	6	0	0
TOTAL PERSONALITY DISORDERS	110	64	37	9	0	103	62	27	12	2
TRANSIENT SITUATIONAL PERSONALITY DISTURBANCE	18	12	6	0	0	12	8	3	0	1
MENTAL DEFICIENCY	14	8	2	3	1	24	13	3	5	3
WITHOUT MENTAL DISORDER	1	1	0	0	0	0	0	0	0	0
GRAND TOTAL	1143	423	493	110	117	1052	355	430	146	121

ADMISSIONS BY COUNTIES

	July 1, 1964 thru June 30, 1965					July 1, 1965 thru June 30, 1966				
	Total	WM	WF	CM	CF	Total	WM	WF	CM	CF
Broward	272	95	117	36	24	279	83	119	48	29
Collier	10	3	5	0	2	0	0	0	0	0
Dade	577	227	253	40	57	556	200	234	60	62
Hendry	8	2	3	0	3	1	0	1	0	0
Indian River .	1	0	1	0	0	1	0	1	0	0
Martin	18	10	4	3	1	16	8	5	2	1
Monroe	47	19	23	4	1	27	11	9	5	2
Okeechobee .	1	0	0	1	0	0	0	0	0	0
Palm Beach . .	159	48	72	17	22	170	51	61	31	27
St. Lucie . . .	49	18	15	9	7	2	2	0	0	0
Volusia	1	1	0	0	0	0	0	0	0	0
TOTAL	1143	423	493	110	117	1052	355	430	146	121

ADMISSIONS AND SEPARATIONS

Fiscal Year	Population July 1	Admissions	Separations	Population June 30
1956-57	0	278	25	253
1957-58	253	739	420	572
1958-59	572	973	703	842
1959-60	842	1,226	1,030	1,038
1960-61	1,038	1,342	1,168	1,212
1961-62	1,212	1,462	1,372	1,302
1962-63	1,302	1,471	1,402	1,371
1963-64	1,371	1,403	1,361	1,413
1964-65	1,413	1,450	1,418	1,445
1965-66	1,445	1,325	1,310	1,460



NORTHEAST FLORIDA STATE HOSPITAL

MACCLENNY

J. T. Benbow, M.D.
Superintendent

DEPARTMENT HEADS AND MEDICAL STAFF

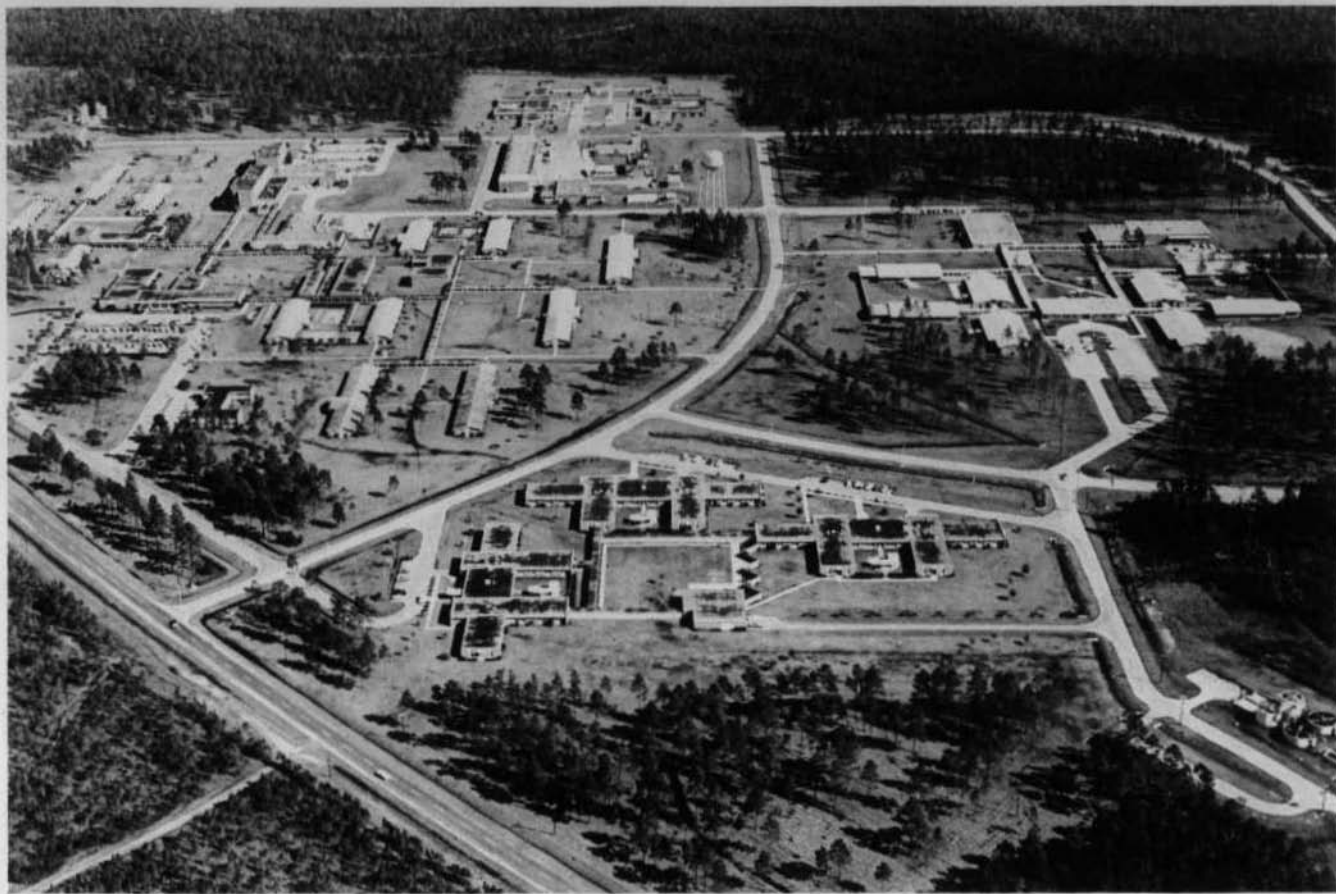
J. T. Benbow, M.D.	Superintendent
J. E. Jones	Assistant Superintendent Administrative
M. Wellman, M.D.	Clinical Director
M. A. Sala, M.D.	Chief, Medical-Surgical
C. Perez-Abreu, M.D.	Psychiatrist
G. L. Arias, M.D.	Psychiatrist
M. G. Blanco, M.D.	Psychiatrist
M. F. Brown, M.D.	Psychiatrist
F. Dominguez, M.D.	Psychiatrist
D. G. Elefthery, M.D.	Psychiatrist
P. B. Ivory, M.D.	Psychiatrist
P. Raphael, M.D.	Psychiatrist
W. P. Reeves, M.D.	Psychiatrist
C. Salazar, M.D.	Psychiatrist
J. M. Salazar, M.D.	Psychiatrist
C. E. Buchanan	Chief Psychologist
R. Hayes	Psychologist
C. Wax	Psychologist
G. D. McCullum, Jr.	Pharmacist
R. F. Fritz	Chief Medical Technologist
A. Ritter	Director, Social Service
V. Tyler, R.N.*	Director of Nurses
J. C. Thompson	Director, Occupational Therapy
G. F. Doolittle	Personnel Manager
D. L. Smith	Chief Accountant
K. F. Klein	Secretary to Superintendent
F. S. Tyson	Director, Food Service
G. M. Hill	Stores Manager
G. F. Williamson*	Sanitary Engineer
J. C. Long	Building Maintenance Superintendent
M. E. Taylor	Chief Engineer, Heating Plant
J. Sellers	Laundry Manager
T. McIntyre	Supervisor of Grounds
Al Ruda**	Vocational Rehabilitation

CONSULTING STAFF

J. G. Lyerly, M.D.	Neurosurgery
M. L. Ekwall, M.D.	Electroencephalography

* Resigned

** Employed by State Department of Education—Division of Vocational Rehabilitation



AERIAL VIEW—NORTHEAST FLORIDA STATE HOSPITAL

GENERAL INFORMATION

The Northeast Florida State Hospital has been in operation since August of 1959, and all facilities of the intensive treatment area, geriatric service, and medical-surgical, and the rehabilitation area have been in operation during this year. We opened the rehabilitation area on a staggered basis during the biennium and for the last year it has been completely open and in use.

The policy of the hospital and its philosophy continues to be that of operating a facility in which the environment is conducive to recovery by our patients. We feel that environmental therapy is a very important part of the treatment program, and we allow patients to have as much freedom of the grounds as their condition permits. This policy has worked out quite well since we have been open and has contributed materially to the recovery of the patients who have been with us. It has been interesting to note that not only do the acute, short-term patients function quite well in such an atmosphere, but also many of the longer termed patients who have been sick for quite protracted periods of time. The atmosphere of permissiveness brings about resocialization much more rapidly than a constricted atmosphere. We feel this has, in many instances, allowed us to return patients to their homes or communities more readily than might have been possible if a more rigid attitude had been taken.

Planning for our further construction has been going on late in this biennium and this expansion will be a gymnasium, a chapel and an extended care facility for patients who are bedridden and presently housed in some of our geriatric area. Removal of these patients to the extended care facility will release beds for active treatment purposes and meet the need of the areas served by this hospital for the care of acutely ill individuals.

MOVEMENT OF POPULATION

During the last biennium a total of 3,809 were admitted to the hospital and a total of 3,663 were released. Reference to the accompanying tables will give a breakdown of admissions and separations from the hospital during the biennium.

The figures for July 1, 1964 to June 30, 1965 and for July 1, 1965 to June 30, 1966 showed the average length of stay of patients to be 92 days and 85 days respectively. Our greatest problem in movement of patients, of course, is those patients who are in the older age groups and patients who have been chronically ill for many years and who have no homes to go to because of lack of family or the family situation is such they cannot be reassimilated back into the family group.

MEDICAL STAFF ACTIVITIES

We maintained a fairly adequate staff during the biennium and constantly provided a quite active treatment program. We encouraged the formation of group relationships and group interaction on all levels. Group therapy is used by all our psychiatrists, social workers, and psychologists. These people are also involved in the use of psychodrama, which has become very useful as well as popular with our patients and has enabled patients to see problems in a manner in which they have been previously unable to consider them.

We have continued a high level of usage of group therapy which we feel is essential. We are continuing to use psychodrama, a form of group therapy, and we have had the privilege and opportunity of having participation by some of the residents in psychology and psychiatry from the University of Florida. One of our staff members does some teaching at the University of Florida, Department of Psychology, College of Medicine, in psychodrama and assists them in their program.

Weekly conferences are held for purposes of consideration of patients for discharge from the Institution. We also hold conferences each week in various sections of the hospital for consideration of new cases admitted the previous week, utilizing the medical staff associated with this particular service, nursing personnel and aides to bring out the team oriented concept in the care of mental patients. This has been an invaluable aid for educating nursing staff personnel, and it has made the care and treatment of patients on a day-to-day basis much easier for everyone concerned.

Teaching conferences are held weekly by the medical staff with participation of the ancillary therapies for nursing personnel and psychiatric aides to help these personnel understand the concepts of psychiatric conditions and the reasons for various forms of therapy.

Orientation courses with Public Health Nurses are held on a regular basis to enable them to benefit by and see the situation in which the patients are treated and to understand some of the problems of the mentally ill. We feel that they are often the first individual contacted by the mentally ill person both prior to commitment and also after the patient returns home.

The medical and surgical section of the hospital is performing more surgery and increasing in activity as we admit a constantly growing group of older patients. We have continued our program of screening for malignancies of the cervix and uterus among our female patients and have followed this up with whatever surgical procedures were necessary. The screening technique carried out on all female admissions has diagnosed a good many early malignancies. At the present time as the occasion arises, we use consultants on a per case fee basis in the field of orthopedics, ophthalmology, neurosurgery, and radiology. Consultants in other fields will be included as the need arises during the coming biennium.

Every applicant before employment is given a routine physical examination by the medical and surgical service physician. Employees are not given medical service except for emergency care in line of duty accidents. Most of our employees are participants in a Blue Cross-Blue Shield insurance plan and obtain their medical care away from the hospital. Routine re-examination of food handlers continues in compliance with existing regulations for such.

PSYCHOLOGY

Our services in the field of psychology have been carried out by three psychologists. We find that we could probably use the services of the fourth psychologist, especially in the field of group therapy. Psychological services of testing

and evaluation are kept at minimum, as we prefer to utilize the psychologists' time in the field of treatment. The psychologists also participate in teaching clinics from time to time and in case conferences.

We feel, eventually, it will be necessary to employ more psychologists because of the increasing workloads, demands for treatment time, and the desire of some of the department personnel to expand into research areas.

We have been involved in some research programs in which we have participated as a research laboratory and case material source for research programs by the psychology students at the University of Florida.

SOCIAL SERVICE

We were fully staffed with qualified Social Workers during the last biennium, all these being Master's Degree level persons, some with considerable experience and others who have only completed their training in the University. We feel that the increase in qualified staff and maintenance of this has resulted in improved quality and increased volume of service. The Department of Public Welfare has stationed some workers from their agency to aid in the carrying out of Title XVI of the Social Security Act, whereby eligible older patients can receive some spending money and maintenance is paid by the Department for their care in the Institution.

The traditional, lengthy psychiatric social history is now being taken only in rare cases. Rather, the admission interview with relatives stresses family relationships and other social problems, and families are normally asked to complete form questionnaires providing other information. This has afforded adequate history for psychiatric purposes while enabling us to devote more of our efforts to the resolution of family attitudes and conflicts that may inhibit the patient's use of treatment or his adjustment upon released from the hospital.

Work with groups, under the training and supervision of one of our psychiatrists, is now being carried on by each social worker. This has proven stimulating and challenging to the staff and seems to be meeting the needs of many patients. It is hoped that this can be extended to some families during the coming biennium. Not only does it enable us to reach many more individuals, but is the social work method of choice in many cases.

By far the greatest single increase in services provided during the second half of the reporting period is related to the almost doubled caseload release planning. In part, this reflects trained staff's capacity to work more intensively and effectively with patients and their families toward good adjustment outside the hospital. It is also attributable to increased opportunities, which Social Agencies have made available for patients' placement with non-relatives in the community and for professional follow-up by growing community resources. As patients and their relatives talk about fears and hopes for the future, work through some of their feelings about these, and anticipate agency help at home, the total family looks forward with greater optimism to the patient's real integration into his community.

Through exchanges of visits, we have been attempting to establish and maintain a closer liaison with appropriate health and welfare agencies and are pleased

with progress made. Perhaps outstanding with respect to this has been one County Welfare Unit's initiation of a plan for finding boarding homes for patients who do not meet eligibility requirements for other welfare programs, and providing substantial emotional support as these patients try to adjust. While our strengthened contacts have to a considerable degree resulted from direct planning, we think that current staff's participation in their professional social work organization has also helped. There has also been increased and broadened social service worker's attendance at conferences which, while having educational and professional stimulation as a primary aim, have produced a secondary benefit of mutual understanding of programs and needs by the various organization participants. The hospital has recently taken part in the initiation of plans for an institute on the use of groups by social workers in conjunction with Florida State University's School of Social Welfare, and looks forward to continuing progress in this area.

We see Social Service's goals for the near future as enlarging and broadening the services and areas of interest which have been stressed during the latter part of this biennium. Finding more qualified staff is essential to meeting some of these goals. To enable some patients to consolidate gains made during hospitalization frequently requires a great deal of help to families. To help patients to make full use of social resources available upon release sometimes calls for intensive social planning with them, a thinking through of their feelings, and rehearsal for the future. Whether help is given individually or in groups, it calls for time and a well trained staff.

We have had students from the School of Social Work at Florida State University in the spring of 1966 and will continue having students here for their field work experience in the graduate program of the University.

OCCUPATIONAL THERAPY

The Occupational Therapy Department is responsible for the planning and functioning of an activity program which includes volunteer activities, recreational, occupational and library programs that meet the needs of individual patients referred to the program by the staff psychiatrists. All accepted techniques are employed in an effort to create a therapeutic experience for the patients.

From a functional point of view, our physical plant is more adequate for our existing program except the area of recreation. However, in the future with an increase in patient population anticipated, a gymnasium will be built and will relieve our deficits in the recreation area.

The Glamour Therapy Program has progressed in scope to the extent that it is considered to be a most important phase of the total treatment program. Glamour Therapy, as a cooperative effort between May-Cohens of Jacksonville and the Duval Mental Health Association, will continue for another year.

All phases of the Occupational Therapy Program are in an effort to help the patients help themselves in the establishment of therapeutic experiences that will control or alleviate their psychiatric problems leading eventually to complete rehabilitation.



OCCUPATIONAL THERAPY BUILDING

VOCATIONAL REHABILITATION SERVICE

During the biennium we had a unit of Vocational Rehabilitation Service stationed at the hospital consisting of two counselors and two clerical personnel, and this unit was maintained until January of 1966 at which time a change in the service was thought beneficial and needed. The last few months of the biennium, we have had one counselor and one clerical person doing the Vocational Rehabilitation evaluations and the referrals.

The Vocational Rehabilitation Service, in conjunction with the Duval Mental Health Association, has maintained for the past several years a Halfway House, known as the Gateway House, Inc., in the city of Jacksonville for male patients from this hospital. We have been able to keep almost full occupancy with a high percentage of patients working and being self-supporting. The hospital itself has no direct supervision, though we do give some consultation services and the Superintendent and one of the staff members is on the Board of Directors. We hope that this service will be expanded to meet the need for women and plans are apparently underway to include women in the program sometime in 1967.

INDUSTRIAL THERAPY

The Industrial Therapy Program in the hospital has been managed by one of the members of Occupational Therapy Department. Currently quite a large number of people are working on a voluntary basis, fortifying their skills and learning new ones, so that when they leave the hospital they can become gainfully employed. Our hospital policy does not require any patient to work, but the large number of patients who want jobs has been quite gratifying; and we have been able to place some of them in various areas in the hospital where they can use prior acquired skills or be trained in some new direction.

VOLUNTEER SERVICES

We do not have a formal Volunteer Service Program at the hospital, but we have been fortunate in receiving a good bit of volunteer activity from various agencies. The State Mental Health Association, as well as Duval Mental Health Association, has been very helpful and free with their time to provide entertainment activities for our patients. The various local Mental Health Associations in Northeast Florida have also been very thoughtful and gracious with their donations of Christmas gifts for patients who are in the hospital. We are still quite hampered because of limited space for activity programs, especially with the use of volunteers. Our auditorium is very small and is actually half a gymnasium and this does not give much area to accommodate a large number of patients. We hope to remedy this by the building of a full-sized gymnasium-auditorium building in the near future.

LABORATORY AND X-RAY

The clinical laboratory presently staffed by three full-time laboratory technicians and one full time x-ray technician has become increasingly active as our patient load has mounted. This complement of personnel capably handled the

demands on our laboratory during the current biennium, and should continue this level of performance unless unforeseen circumstances arise.

Routine examinations on all patients are done consisting of examinations on blood, urine, stool, and routine serological tests. Special tests such as biochemical determinations, electrocardiograms, and electroencephalograms are done by our laboratory staff when specifically requested by the physicians.

Routine chest examinations are done on all applicants for employment as well as all admissions to the hospital. We are well equipped with a diagnostic x-ray unit which is used for these examinations.

Radiotherapy is carried out in Jacksonville on a fee basis as we do not have therapy machines or qualified operators here at the hospital. We have either used private radiologists or the Department at Duval Medical Center and this has proved to be very satisfactory.

ELECTROENCEPHALOGRAPHY

During this biennium technicians from our laboratory have continued the provision of electroencephalographic services. The encephalograms are read by a neurologist in Tallahassee and we are presently quite satisfied with this arrangement.

PHARMACY

The pharmacy has been active since the inception of the hospital and has kept a very adequate and complete stock of routine drugs as well as special psychiatric drugs for the use of the medical staff. The pharmacist is also charged with routine and periodic inventories of drug supplies on the individual wards in order to keep stock moving and prevent stock piling in any particular patient area. All drugs, with few exceptions, are bought on a requisition by the Purchasing Commission.

ALCOHOLICS ANONYMOUS

During the biennium we have had two active alcoholics anonymous groups. These groups were assisted by members of the Jacksonville Chapter of Alcoholics Anonymous. We feel this program is extremely useful and beneficial. The Clinical Director is in charge of the program, and we have been able to refer patients who are leaving the hospital directly to AA groups in their home communities.

NURSING DEPARTMENT

We have been able to fill our positions in the Nursing Department for the most part. We still, however, have occasional problems recruiting registered nurses and also male aides.

Our coverage of the hospital services by nurses is, we feel, quite good. On the day shift we have supervisory and head nurse coverage which is adequate for all wards. There is also 24-hour nursing coverage in the Medical-Surgical building, but the afternoon and night shifts are covered more sparsely by nurses out of the central office for the rest of the Institution.

We have set up a program with the State Board of Health for orientation of registered nurses and limit this group to twenty-five. We feel that these have been most successful and give a good picture of our program of patient therapy. The interest of the group is quite gratifying and we feel there is benefit obtained by both sides.

The Department has been able to complete and distribute procedure books and policy manuals to all areas and personnel during the period and these have proven most beneficial. The Department also publishes a little weekly news bulletin called "The Northeast Florida News" which is sent out to each ward, making a regular line of communications to all personnel from nursing administration regarding any pertinent information which needs to be disseminated.

The Director of Nursing has set up and carried out regularly scheduled meetings with all personnel. Supervisors have weekly conferences with the Director, and all registered nurses and psychiatric aides meet twice each month for group conferences. Personnel, particularly professional, are encouraged to attend seminars, meetings and workshops, as we feel this is helpful to them. Each Thursday some member of the professional staff, psychiatrist, psychologist, social worker, etc., presents some type of lecture geared to the psychiatric aide level and we encourage personnel who can to attend these sessions.

We have a formal arrangement with the J. Hillis Miller Health Center, University of Florida, Gainesville, for the field work for basic nursing students and graduate students in psychiatric nursing. This has been a continuous operation and affiliation during the last biennium. We also have had one group of nurses from the Lake City Junior College School of Nursing and they will continue to send one group a year for a period of several months' field training. We have also had field trips from the Jacksonville University, the Junior College in Daytona Beach, and other places for basic students in nursing or LPN Schools of Nursing.

REMOTIVATION THERAPY

During the biennium we have had a continuing program in training of aides and other nursing personnel in the field of remotivation. We presently have a director who is a registered nurse in charge of the program and two other registered nurses who assist in the program. During the time covered by the report, a total of 127 people have completed their remotivation training course and are actively participating in the program. Out of this number of personnel 114 are aides and 13 are registered nurses.

At the time of admission all patients are entered in the remotivation and therapy sessions for a minimum of at least four sessions and more sessions are scheduled if it is felt that the patient needs them to prepare them for other forms of treatment.

On intensive treatment and geriatric areas the patients are placed in remotivation for a period of a month, or a total of eight sessions which means about twice a week. There are about 208 hours of remotivation therapy scheduled monthly and 260 patients attend these groups.

Associated activities carried on by remotivation include the participation by patients in outside activities such as bowling in Jacksonville. We have made arrangements to take patients to a golf-driving range once a week as another diversionary type of activity. Frequent trips to the zoo and occasional shopping and sight-seeing tours in Jacksonville have been very entertaining for the patients and the patients look forward to these trips.

We feel that the program of remotivation is a very active one and very beneficial in getting newly admitted patients into a treatment frame of mind, so to speak, in which they accept treatment on a group basis. This prepares them for more intensive and high level forms of treatment, such as group therapy, psychodrama, etc.

ACCOUNTING DEPARTMENT

Under direction of Administration, this department is supervised by the Chief Accountant where a detailed hospital cost accounting system is maintained. Expenditures from State Funds are made by warrant by the State Comptroller, after having been pre-audited at the hospital level. Records of deposit and withdrawal of Custodial Funds consisting of monies held in trust for patients are maintained in this department. This department also consists of the payroll section which is responsible for the preparation of all hospital payrolls, delivery of salary warrants, and the maintaining of personnel salary files. Total payrolls for this biennium exceeded \$4,200,000. During the biennium we commenced bi-monthly payrolls.

Property records are on machine accounting with this service being performed at the Divisional level, after the original documents have been prepared at the hospital. On June 30, 1966, there were 15,327 items of equipment on separate record documents.

Reports received from the State Auditing Department on their examination of our financial records have been good.

PERSONNEL DEPARTMENT

The central personnel office was established late in the biennium for the purpose of interviewing and screening applicants for employment. All non-professional applicants are interviewed by the personnel officer, and those who meet preliminary eligibility requirements are referred to the department head where a vacancy exists for consideration. The personnel officer handles the necessary investigative work to determine whether the applicant may be acceptable for employment. Aptitude tests for applicants are administered by the personnel officer. All applicants must satisfactorily pass the required physical examination conducted by a hospital physician.

PLANT AND GROUNDS

Operating under the supervision of our Building Maintenance Superintendent, general maintenance was provided by eighteen employees in the fields of refrigeration and air conditioning, electrical, carpentry, painting, plumbing and welding to

all buildings and mechanical processes at the Institution. Routine preventive maintenance inspections and service also are provided.

Operation of the Water and Sewage plants was conducted by trained operators where adequate standards of purification and protection were maintained. This department also conducts programs of mosquito and rodent control and makes tests of water for our heating plant, cooling towers and steam generators. The heating plant furnishes heat, domestic hot water and process steam for the Institution. This period's operation resulted in the use of 1,380,233 gallons of Bunker "C" fuel oil.

Our Grounds Department with a complement of twelve men maintains approximately 17,000 shrubs and plants and one hundred acres of lawn. Also, they are responsible for the collection and disposal of trash.

DIETARY

A Food Service Manager continues to supervise our central kitchen where all meals are prepared. Delivery of prepared food to five serving kitchens for the Geriatric area and to the Medical-Surgical building is performed by employees of this department. Patients and employees are served the same menu and employees are required to pay for their meals. There were 1,957,103 meals served during the period.

LAUNDRY

Laundry personnel is charged with marking, issuing, processing and mending patients' clothing and linens. Approximately 1,900,000 pounds of laundry were processed during this period.

SUPPLY

Most requisitions for purchasing the needs of the hospital are made in this department and complete warehousing for our requirements is maintained. Procurement of equipment, supplies and commodities is done by the State Purchasing Commission, except for a limited amount of local purchasing, minor and/or emergency in nature, which is handled by our Stores Manager under the supervision of Administration. Competitive bids are taken.

Other necessary functions are efficiently carried out by Communications, and Transportation and Security Departments.

MOVEMENT OF PATIENT POPULATION

	July 1, 1964 to June 30, 1965	July 1, 1965 to June 30, 1966
ADMISSIONS:		
On New Commitment from County Courts	1,036	1,105
Certifications	81	108
Voluntary Admissions	2	17
Readmitted on Former Commitment	2	0
Returned from Trial Visit	580	550
Returned from Escape	158	160
Transferred from Other Divisional Hospitals	1	1
Admitted while on Trial Visit from Other Division Hospitals	6	0
Other	0	2
TOTAL ADMISSIONS	1,866	1,943
SEPARATIONS:		
Released on Trial Visit	1,078	1,119
Discharges:		
By Staff	157	260
For Transfer to V. A. Hospital	27	20
For Transfer to Other States	27	31
Certified Patients	46	53
Voluntary Patients	4	8
Other Discharges	7	11
Transfers to Other Divisional Hospitals	4	5
Escaped	315	291
Patients Died	116	82
Other	0	2
TOTAL SEPARATIONS	1,781	1,882
Net Increase in Population	85	61
POPULATION BEGINNING OF PERIOD	798	883
POPULATION END OF PERIOD	883	944
AVERAGE NUMBER OF PATIENTS	821	889